| Fill in this information to identify your case: |                                 |                                 |
|---|---------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                                 |                                 |
| EASTERN DISTRICT OF MICHIGAN                    | _                               |                                 |
| Case number (if known)                          | _ Chapter you are filing under: |                                 |
|   | Chapter 7                       |                                 |
|   | ☐ Chapter 11                    |                                 |
|   | ☐ Chapter 12                    |                                 |
|   | ☐ Chapter 13                    | Check if this an amended filing |

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| t 1:  | Identify Yourself  |  |   |
|---|--|--|---|
|   |  | About Debtor 1:  | About Debtor 2 (Spouse Only in a Joint Case):   |
| You   | r full name  |  |   |
| your<br>pictu<br>exar<br>licen<br>Bring<br>iden | government-issued ure identification (for nple, your driver's use or passport).  g your picture tification to your | Robin First name  C. Middle name  McGrath-Carlson Last name and Suffix (Sr., Jr., II, III)   | First name  Middle name  Last name and Suffix (Sr., Jr., II, III)   |
| All c   | other names you have<br>d in the last 8 years  |  |   |
| Only your num                                   | the last 4 digits of Social Security ber or federal vidual Taxpayer tification number                              | xxx-xx-2955  |   |
|   | You Write your pictu exar licen Bring iden mee   | Your full name  Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee.  All other names you have used in the last 8 years Include your married or maiden names.  Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | About Debtor 1:  Your full name  Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee.  McGrath-Carlson Last name and Suffix (Sr., Jr., II, III)  All other names you have used in the last 8 years Include your married or maiden names.  Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number  xxx-xx-2955 |

| About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |
|---|--|
| Business name(s)  EINs  | ☐ I have not used any business name or EINs.  Business name(s)  EINs   |
| 1446 Gallery Place Drive<br>Jackson, MI 49201   | If Debtor 2 lives at a different address:  |
| Number, Street, City, State & ZIP Code  | Number, Street, City, State & ZIP Code   |
| Jackson   | 2000   |
| •   | County   |
| If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.   | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.   |
| Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |
| <ul> <li>Check one:</li> <li>■ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.</li> <li>□ I have another reason. Explain. (See 28 U.S.C. § 1408.)</li> </ul> | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.)  |
| •   | Business name(s)  I have not used any business name or EINs.  Business name(s)  EINs  I446 Gallery Place Drive Jackson, MI 49201  Number, Street, City, State & ZIP Code  Jackson  County  If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.  Number, P.O. Box, Street, City, State & ZIP Code  Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |

| Deb | tor 1 Robin C. McGrath  | -Carlson                 |  |  | Case number (if known)   |   |
|-----|---|--------------------------|--|--|--|---|
|     |   |                          |  |  |  |   |
| Par | Tell the Court About  | our Bankruptc            | Case                                     |  |  |   |
| 7.  | The chapter of the Bankruptcy Code you are  |                          |  | n of each, see <i>Notice Required</i> of page 1 and check the approp | by 11 U.S.C. § 342(b) for Individuals Filing<br>triate box.  | g for Bankruptcy                            |
|     | choosing to file under  | ■ Chapter 7              |  |  |  |   |
|     |   | ☐ Chapter 11             |  |  |  |   |
|     |   | ☐ Chapter 12             |  |  |  |   |
|     |   | ☐ Chapter 13             |  |  |  |   |
|     |   |                          |  |  |  |   |
| 8.  | How you will pay the fee  | about how<br>order. If y | v you may pay. Ty <sub>l</sub>           | pically, if you are paying the fee                                   | heck with the clerk's office in your local core<br>e yourself, you may pay with cash, cashier<br>pehalf, your attorney may pay with a credit | 's check, or money                          |
|     |   | ☐ I need to              | pay the fee in ins                       | stallments. If you choose this of ts (Official Form 103A).           | option, sign and attach the Application for I  | ndividuals to Pay                           |
|     |   | `                        | •  | ,  | otion only if you are filing for Chapter 7. By   | law, a judge may,                           |
|     |   | but is not<br>applies to | required to, waive your family size a    | your fee, and may do so only ind you are unable to pay the fe        | f your income is less than 150% of the office in installments). If you choose this option Official Form 103B) and file it with your petion.  | cial poverty line that n, you must fill out |
| 9.  | Have you filed for  | ■ No.                    |  |  |  |   |
|     | bankruptcy within the last 8 years?   | ☐ Yes.                   |  |  |  |   |
|     |   | Dist                     | rict                                     | When   | Case number  |   |
|     |   | Dist                     | rict                                     | When   | Case number  |   |
|     |   | Dist                     | rict                                     | When   | Case number  |   |
|     |   |                          |  |  |  |   |
| 10. | Are any bankruptcy cases pending or being   | ■ No                     |  |  |  |   |
|     | filed by a spouse who is<br>not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? | ☐ Yes.                   |  |  |  |   |
|     |   | Deb                      | tor                                      |  | Relationship to you  |   |
|     |   | Dist                     | rict                                     | When   | Case number, if known  |   |
|     |   | Deb                      | tor                                      |  | Relationship to you  |   |
|     |   | Dist                     | rict                                     | When   | Case number, if known  |   |
| 11. | Do you rent your  | ■ No. Go                 | to line 12.                              |  |  |   |
|     | residence?  |                          | a vour landlard obt                      | ained an eviction judgment agr                                       | ainst you and do you want to stay in your re   | ooidonoo?                                   |
|     |   | <b>—</b> 100.            | ,  | , , ,  | anisi you and do you want to stay in your f  | colucille!                                  |
|     |   |                          | No. Go to line                           |  | ing hadamant Assats (Very 17   | algorithms of the                           |
|     |   |                          | Yes. Fill out <i>Ir</i><br>bankruptcy pe |  | <i>ion Judgment Against You</i> (Form 101A) an   | a tile it with this                         |
|     |   |                          |  |  |  |   |

| DCL | RODITI C. WICGIALII   | -Car 15011         |  |                       | Case number (i known)   |  |
|-----|---|--------------------|--|-----------------------|---|--|
| Por | 22 Papart About Apy Pu  | oinocco            | Vau Owr  | o o Solo Bronrio      | •   |  |
| Par | Report About Any Bu   | Isinesses          | Tou Owi  | i as a Sole Proprie   | tor   |  |
| 12. | Are you a sole proprietor of any full- or part-time business?   | ■ No.              | Go to  | Part 4.               |   |  |
|     |   | ☐ Yes.             | Name   | and location of bus   | niness  |  |
|     | A sole proprietorship is a  |                    |  |                       |   |  |
|     | business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |                    |  | e of business, if any |   |  |
|     | If you have more than one sole proprietorship, use a separate sheet and attach  |                    | Numb   | er, Street, City, Sta | te & ZIP Code   |  |
|     | it to this petition.  |                    | Chec   | k the appropriate bo  | x to describe your business:  |  |
|     |   |                    |  | Health Care Busin     | ness (as defined in 11 U.S.C. § 101(27A))   |  |
|     |   |                    |  | Single Asset Real     | Estate (as defined in 11 U.S.C. § 101(51B))   |  |
|     |   |                    |  | Stockbroker (as d     | efined in 11 U.S.C. § 101(53A))   |  |
|     |   |                    |  | Commodity Broke       | er (as defined in 11 U.S.C. § 101(6))   |  |
|     |   |                    |  | None of the above     |   |  |
| 13. | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and are<br>you a small business<br>debtor?                           | deadline operation | you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set readlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, se reations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the 11 U.S.C. 1116(1)(B). |                       |   |  |
|     | For a definition of small   | ■ No.              | I am ı   | not filing under Chap | oter 11.  |  |
|     | business debtor, see 11 U.S.C. § 101(51D).  | □ No.              | I am f<br>Code   |                       | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy  |  |
|     |   | ☐ Yes.             | I am f   | iling under Chapter   | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. |  |
| Par | 4: Report if You Own or   | Have Any           | , Hazardo  | ous Property or An    | y Property That Needs Immediate Attention   |  |
|     | Do you own or have any  | ■ No.              |  |                       |   |  |
|     | property that poses or is   |                    |  |                       |   |  |
|     | alleged to pose a threat of imminent and  | ☐ Yes.             | What is  | the hazard?           |   |  |
|     | identifiable hazard to public health or safety?   |                    |  |                       |   |  |
|     | Or do you own any   |                    | If immo  | liate attention is    |   |  |
|     | property that needs immediate attention?  |                    |  | why is it needed?     |   |  |
|     | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?                 |                    | Where is   | s the property?       |   |  |
|     | 3 · · · · · · · · · · · · · · · · · · ·   |                    |  |                       | Number, Street, City, State & Zip Code  |  |
|     |   |                    |  |                       |   |  |
|     |   |                    |  |                       |   |  |
|     |   |                    |  |                       |   |  |

### Explain Your Efforts to Receive a Briefing About Credit Counseling

### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| Den  | Robin C. McGrath                             | -Carison            |  | Case numi  |  |  |  |  |
|--|--|---------------------|--|--|--|--|--|--|
| Par  | t 6: Answer These Quest                      | ions for R          | eporting Purposes  |  |  |  |  |  |
| 16.  | What kind of debts do you have?              | 16a.                | individual primarily for a per   | consumer debts? Consumer debts are de sonal, family, or household purpose."                | fined in 11 U.S.C. § 101(8) as "incurred by an   |  |  |  |
|  |  |                     | ☐ No. Go to line 16b.  |  |  |  |  |  |
|  |  |                     | Yes. Go to line 17.  |  |  |  |  |  |
|  |  | 16b.                | <b>Are your debts primarily business debts?</b> <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. |  |  |  |  |  |
|  |  |                     | ☐ No. Go to line 16c.  |  |  |  |  |  |
|  |  |                     | ☐ Yes. Go to line 17.  |  |  |  |  |  |
|  |  | 16c.                | State the type of debts you  | owe that are not consumer debts or busine  | ess debts  |  |  |  |
| 17.  | Are you filing under Chapter 7?              | □ No.               | I am not filing under Chapte   | er 7. Go to line 18.   |  |  |  |  |
| Do you estimate that after any exempt property is excluded and administration of the property is excluded and administr |  |                     |  |  |  |  |  |  |
|  | administrative expenses                      |                     | ■ No   |  |  |  |  |  |
|  | are paid that funds will<br>be available for |                     | □Yes   |  |  |  |  |  |
|  | distribution to unsecured creditors?         |                     |  |  |  |  |  |  |
| 18.  | How many Creditors do                        | <b>■</b> 1-49       |  | □ 1,000-5,000  | □ 25,001-50,000  |  |  |  |
|  | you estimate that you owe?                   | ☐ 50-99             | )  | □ 5001-10,000  | <b>5</b> 0,001-100,000   |  |  |  |
|  |  | □ 100-1<br>□ 200-9  |  | □ 10,001-25,000  | ☐ More than100,000   |  |  |  |
| 19.  | How much do you estimate your assets to      | <b>\$0 - \$</b>     |  | □ \$1,000,001 - \$10 million   | □ \$500,000,001 - \$1 billion  |  |  |  |
|  | be worth?                                    |                     | 001 - \$100,000  | ☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million                               | ☐ \$1,000,000,001 - \$10 billion<br>☐ \$10,000,000,001 - \$50 billion                  |  |  |  |
|  |  |                     | 001 - \$500,000<br>001 - \$1 million   | □ \$100,000,001 - \$500 million  | ☐ More than \$50 billion   |  |  |  |
| 20.  | How much do you estimate your liabilities    | <b>\$0 - \$</b>     | 550,000  | □ \$1,000,001 - \$10 million   | □ \$500,000,001 - \$1 billion  |  |  |  |
|  | to be?                                       |                     | 001 - \$100,000  | ☐ \$10,000,001 - \$50 million<br>☐ \$50,000,001 - \$100 million                            | □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion                     |  |  |  |
|  |  |                     | ,001 - \$500,000<br>,001 - \$1 million   | □ \$100,000,001 - \$100 million  | ☐ \$10,000,000,001 - \$50 billion  |  |  |  |
| Par  | t 7: Sign Below                              |                     |  |  |  |  |  |  |
| For  | you  | I have ex           | kamined this petition, and I de  | eclare under penalty of perjury that the info  | rmation provided is true and correct.  |  |  |  |
|  |  |                     |  | 7, I am aware that I may proceed, if eligible relief available under each chapter, and I o | e, under Chapter 7, 11,12, or 13 of title 11, choose to proceed under Chapter 7.       |  |  |  |
|  |  |                     |  | not pay or agree to pay someone who is r<br>he notice required by 11 U.S.C. § 342(b).      | not an attorney to help me fill out this   |  |  |  |
|  |  | I request           | relief in accordance with the  | chapter of title 11, United States Code, sp  | ecified in this petition.  |  |  |  |
|  |  | bankrupt<br>and 357 | tcy case can result in fines up<br>1.  | t, concealing property, or obtaining money to \$250,000, or imprisonment for up to 20      | or property by fraud in connection with a years, or both. 18 U.S.C. §§ 152, 1341, 1519 |  |  |  |
|  |  | Robin (             | in C. McGrath-Carlson C. McGrath-Carlson e of Debtor 1   | Signature of Debt  | for 2  |  |  |  |
|  |  | Executed            | d on <b>June 14, 2017</b>  | Executed on  |  |  |  |  |
|  |  |                     | MM / DD / YYYY   | M  | M / DD / YYYY  |  |  |  |

| Debtor 1 | Robin C. McGrath-Carlson | Case number (if known) |  |
|----------|--------------------------|------------------------|--|
|          |                          |                        |  |

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| Is/ Sean L. Campbell Signature of Attorney for Debtor | Date          | June 14, 2017<br>MM / DD / YYYY |  |
|---|---------------|---------------------------------|--|
| Sean L. Campbell Printed name                         |               |                                 |  |
| Sean L. Campbell Law Offices Firm name                |               |                                 |  |
| 4125 Okemos Rd., Ste 21<br>Okemos, MI 48864           |               |                                 |  |
| Number, Street, City, State & ZIP Code                |               |                                 |  |
| Contact phone <b>517-853-9770</b>                     | Email address | sean@camplaw.net                |  |
| (P-58304) Bar number & State                          |               |                                 |  |

| Fill      | in this information to identify your cas  | se.   |  |                    |                               |
|-----------|---|---|--|--------------------|-------------------------------|
|           | tor 1 Robin C. McGrath-C  |   |  |                    |                               |
| Dei       | First Name  | Middle Name   | Last Name  |                    |                               |
|           | stor 2  Signature   First Name   First Name | Middle Name   | Last Name  |                    |                               |
| ` `       |   | EASTERN DISTRICT O                                  | DF MICHIGAN  |                    |                               |
|           |   |   | 51 IMOTHO 111  |                    |                               |
|           | e number  |   |  | ☐ Check            | if this is an                 |
|           |   |   |  | amend              | ded filing                    |
|           |   |   |  |                    |                               |
| <u>Of</u> | ficial Form 106Sum  |   |  |                    |                               |
| Su        | mmary of Your Assets an   | d Liabilities ar                                    | nd Certain Statistical Information   | 1                  | 12/15                         |
| info      | mation. Fill out all of your schedules<br>original forms, you must fill out a nev   | first; then complete tl                             | e are filing together, both are equally responsible<br>he information on this form. If you are filing amen<br>k the box at the top of this page. |                    |                               |
|           |   |   |  | Your as<br>Value o | ssets<br>of what you own      |
| 1.        | Schedule A/B: Property (Official Form 1a. Copy line 55, Total real estate, from   | ı 106A/B)<br>ı Schedule A/B                         |  | \$                 | 0.00                          |
|           | 1b. Copy line 62, Total personal proper   | ty, from Schedule A/B.                              |  | \$                 | 12,740.00                     |
|           | 1c. Copy line 63, Total of all property or  | n Schedule A/B                                      |  | \$                 | 12,740.00                     |
| Par       | 2: Summarize Your Liabilities   |   |  |                    |                               |
|           |   |   |  |                    | <b>abilities</b><br>t you owe |
| 2.        | Schedule D: Creditors Who Have Claim<br>2a. Copy the total you listed in Column   |   | v (Official Form 106D) the bottom of the last page of Part 1 of <i>Schedule D</i>  | . \$               | 13,000.00                     |
| 3.        | Schedule E/F: Creditors Who Have Una<br>3a. Copy the total claims from Part 1 (p  | secured Claims (Officia<br>priority unsecured clain | al Form 106E/F) ns) from line 6e of <i>Schedule E/F</i>  | \$                 | 0.00                          |
|           |   |   | claims) from line 6j of Schedule E/F   |                    | 11,825.00                     |
|           |   |   | Your total liabilitie  | s \$               | 24,825.00                     |
| Par       | 3: Summarize Your Income and Ex   | openses   |  |                    |                               |
| 4.        | Schedule I: Your Income (Official Form  | 106I)   | ə l  | \$                 | 1,982.67                      |
| 5.        | Schedule J: Your Expenses (Official Fo<br>Copy your monthly expenses from line  |   |  | \$                 | 1,960.00                      |
| Par       | 4: Answer These Questions for Ad  | Iministrative and Stat                              | istical Records  |                    |                               |
| 6.        | Are you filing for bankruptcy under 0   | Chapters 7, 11, or 13?                              |  |                    |                               |
|           | □ No. You have nothing to report on             □   | this part of the form. C                            | Check this box and submit this form to the court with y  | our other sch      | nedules.                      |
| 7.        | ■ Yes What kind of debt do you have?  |   |  |                    |                               |
|           |   |   | debts are those "incurred by an individual primarily fo  | r a personal,      | family, or                    |

Summary of Your Assets and Liabilities and Certain Statistical Information Official Form 106Sum

page 1 of 2

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

2,855.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | <b>Total claim</b> |      |
|--|--------------------|------|
| From Part 4 on Schedule E/F, copy the following:   |                    |      |
| 9a. Domestic support obligations (Copy line 6a.)   | \$                 | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$                 | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$                 | 0.00 |
| 9d. Student loans. (Copy line 6f.)   | \$                 | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$                 | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$                | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$                 | 0.00 |

| Debtor 1  | tion to identify your  |   |  |  |  |
|---|--|---|--|--|--|
| _   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  | case and this filing:   |  |  |  |
|   | Robin C. McGratl   | h-Carlson<br>Middle Name  | Last Name  |  |  |
| _   |  |   |  |  |  |
| (Spouse, if filing)   | First Name   | Middle Name   | Last Name  |  |  |
| United States Bankr   | ruptcy Court for the:  | EASTERN DISTRICT OF MIC   | CHIGAN   |  |  |
| Case number   |  |   |  |  | ☐ Check if this is an                                    |
|   |  |   |  |  | amended filing   |
|   |  |   |  |  |  |
| Official Forn   | n 106A/B   |   |  |  |  |
| Schedule  | A/B: Prop  | ertv  |  |  | 12/15  |
|   |  | e items. List an asset only once.   | If an asset fits in more than o  | ne category, list the asset ir               |  |
|   | pace is needed, attach   | ate as possible. If two married per<br>a separate sheet to this form. Or  |  |  |  |
| Part 1: Describe Eac  | ch Residence, Buildinç   | g, Land, or Other Real Estate You   | Own or Have an Interest In   |  |  |
| 1. Do you own or have   | e any legal or equitable   | e interest in any residence, build  | ing, land, or similar property?  |  |  |
| _   | , , ,  | J   | g, .aa, e. ea. p.epe   |  |  |
| No. Go to Part 2.   |  |   |  |  |  |
| ☐ Yes. Where is the   | e property?  |   |  |  |  |
| Part 2: Describe You  | ur Vehicles  |   |  |  |  |
| 3. Cars, vans, truck ☐ No ■ Yes   | (s, tractors, sport ut   | tility vehicles, motorcycles  |  |  |  |
| 3.1 Make: Mir   | ni Cooper  | Who has an interest ir  | n the property? Check one  | the amount of any secur                      | laims or exemptions. Put ed claims on <i>Schedule D:</i> |
| Model:  | 12   | Debtor 1 only   |  | Creditors Who Have Cla                       | ims Secured by Property.                                 |
| Year: <b>20</b> 1   |  | ☐ Debtor 2 only ☐ Debtor 1 and Debtor   | r 2 only   | Current value of the<br>entire property?     | Current value of the portion you own?                    |
| Approximate m   | ion:   | ☐ At least one of the d   |  |  |  |
| Approximate m Other information   |  |   |  |  |  |
|   |  | Check if this is cor  | nmunity property   | \$8,000.00                                   | \$8,000.00   |
| 4. Watercraft, aircraft Examples: Boats,  |  | Check if this is cor (see instructions)  TVs and other recreational vectoral watercraft, fishing vessels,                                     | ehicles, other vehicles, and   | d accessories                                | \$8,000.00   |
| Other information  Other information  4. Watercraft, aircraft  Examples: Boats,           |  | (see instructions)  | ehicles, other vehicles, and   | d accessories                                | \$8,000.00   |
| 4. Watercraft, aircraft Examples: Boats,  |  | (see instructions)  | ehicles, other vehicles, and   | d accessories                                | \$8,000.00   |
| Other information  4. Watercraft, aircraft Examples: Boats, and the dollar v              | trailers, motors, person   | (see instructions)  | ehicles, other vehicles, and, snowmobiles, motorcycle and state of the | d accessories<br>ccessories<br>y entries for | \$8,000.00   |
| 4. Watercraft, aircraft Examples: Boats, 1 No Yes  5 Add the dollar vanges you have       | trailers, motors, person   | (see instructions)  TVs and other recreational vectorial watercraft, fishing vessels, you own for all of your entries. Write that number here | ehicles, other vehicles, and, snowmobiles, motorcycle and state of the | d accessories<br>ccessories<br>y entries for |  |
| Other information  4. Watercraft, aircraft Examples: Boats,  No Yes  Part 3: Describe You | railers, motors, personal railers, motors, personal and House trailers, motors, personal and House | (see instructions)  TVs and other recreational vectorial watercraft, fishing vessels, you own for all of your entries. Write that number here | ehicles, other vehicles, and, snowmobiles, motorcycle and some state of the state o | d accessories ccessories  y entries for      |  |

□ No

Official Form 106A/B

Schedule A/B: Property

| Debt         | or 1                          | Robin C. Mo   | Grath-Carlson Case number (if known)   |                                 |
|--------------|-------------------------------|---|--|---------------------------------|
|              | Yes.                          | Describe  |  |                                 |
|              |                               |   | bedroom, livingroom, kitchen furniture   | \$2,000.00                      |
|              |                               |   |  |                                 |
|              |                               |   | paintings, prints, glass art   | \$500.00                        |
| E:           | No                            | es: Televisions a                                       | and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music of phones, cameras, media players, games | collections; electronic devices |
|              |                               |   | tv, cell   | \$500.00                        |
| E:           | xampl<br>No                   |   | I figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin ons, memorabilia, collectibles    | , or baseball card collections; |
| E            | xampl<br>No                   | ent for sports a<br>les: Sports, photo<br>musical instr | ographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes   | and kayaks; carpentry tools;    |
|              | No                            |   | s, shotguns, ammunition, and related equipment   |                                 |
|              | No .                          |   | othes, furs, leather coats, designer wear, shoes, accessories  |                                 |
|              |                               |   | clothes  | \$200.00                        |
| 13. <b>N</b> | Examp<br>No<br>Yes.<br>Ion-fa |   | ewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, birds, horses                               | gold, silver                    |
|              |                               | Describe  |  |                                 |
|              |                               |   | cat  | \$20.00                         |
|              | No                            |   | nd household items you did not already list, including any health aids you did not list  |                                 |
|              | Yes.                          | Give specific inf                                       | formation  |                                 |
|              |                               |   | of all of your entries from Part 3, including any entries for pages you have attached number here                                      | \$3,220.00                      |

Official Form 106A/B Schedule A/B: Property page 2

| Debtor 1 Robin C                          | C. McGrath-Carlson   | Case number (if known)  |   |
|---|--|---|---|
| Part 4: Describe Your                     | Financial Assets   |   |   |
|   | any legal or equitable interest                                      | poi<br>Do   | rrent value of the<br>rtion you own?<br>not deduct secured<br>ms or exemptions. |
| ■ No                                      | you have in your wallet, in your                                     | home, in a safe deposit box, and on hand when you file your petition  |   |
|   | ing, savings, or other financial ac                                  | ecounts; certificates of deposit; shares in credit unions, brokerage houses, ants with the same institution, list each.                         | ınd other similar   |
| Yes                                       |  | Institution name:   |   |
|   | 17.1.  | U of M Credit Union   | \$0.00  |
|   | 17.2.  | Huntington  | \$20.00   |
|   | unds, or publicly traded stocks<br>funds, investment accounts with b | prokerage firms, money market accounts  |   |
| ☐ Yes                                     | Institution or issue   | er name:  |   |
| joint venture                             | led stock and interests in incor                                     | porated and unincorporated businesses, including an interest in an L  | LC, partnership, and  |
| ■ No □ Yes. Give spec                     | ific information about them<br>Name of entity:                       |   |   |
| Negotiable instrui                        | ments include personal checks, c                                     | gotiable and non-negotiable instruments ashiers' checks, promissory notes, and money orders. transfer to someone by signing or delivering them. |   |
| No  |  |   |   |
| ☐ Yes. Give specif                        | fic information about them<br>Issuer name:                           |   |   |
| 21. Retirement or pe<br>Examples: Interes |  | , 403(b), thrift savings accounts, or other pension or profit-sharing plans   |   |
| Yes. List each a                          | ccount separately. Type of account:                                  | Institution name:   |   |
|   |  | 401 (k)   | \$1,500.00  |
|   | unused deposits you have made  | so that you may continue service or use from a company it, public utilities (electric, gas, water), telecommunications companies, or or         | thers   |
| ■ No<br>□ Yes                             |  | Institution name or individual:   |   |
| 3. <b>Annuities</b> (A cont               | ract for a periodic payment of mo                                    | oney to you, either for life or for a number of years)  |   |
| ■ No<br>□ Yes                             | Issuer name and description.   |   |   |
|   | ucation IRA, in an account in a b)(1), 529A(b), and 529(b)(1).       | qualified ABLE program, or under a qualified state tuition program.   |   |
| ■ No<br>□ Yes                             | Institution name and descript  | ion. Separately file the records of any interests.11 U.S.C. § 521(c):   |   |
| Official Form 106A/B                      |  | Schedule A/B: Property  | page  |

| D  | ebtor 1         | Robin C. McGrath-Carlson   | Case number (if known)                               |   |
|----|-----------------|--|--|---|
| 25 | Trusts,         | equitable or future interests in property (other than anyth  | ing listed in line 1), and rights or powers exercis  | able for your benefit   |
|    | ■ No            |  |  |   |
|    | ☐ Yes.          | Give specific information about them   |  |   |
| 26 | Examp           | c, copyrights, trademarks, trade secrets, and other intellecties: Internet domain names, websites, proceeds from royalties                                     |  |   |
|    | ■ No<br>□ Yes.  | Give specific information about them   |  |   |
|    |                 | ·  |  |   |
| 27 |                 | es, franchises, and other general intangibles  les: Building permits, exclusive licenses, cooperative associat   | ion holdings, liquor licenses, professional licenses |   |
|    |                 | Give specific information about them   |  |   |
| М  | onev or r       | property owed to you?  |  | Current value of the  |
|    | oney or p       | nopelity office to you.  |  | portion you own?  Do not deduct secured claims or exemptions. |
| 28 | Tay ref         | unds owed to you   |  |   |
| 20 | ■ No            | ands owed to you   |  |   |
|    |                 | Give specific information about them, including whether you al   | ready filed the returns and the tax years            |   |
|    |                 |  |  |   |
| 29 | Family          | support  |  |   |
|    |                 | les: Past due or lump sum alimony, spousal support, child sup  | port, maintenance, divorce settlement, property sett | lement  |
|    | ■ No            |  |  |   |
|    | ☐ Yes. (        | Give specific information  |  |   |
|    |                 |  |  |   |
| 30 | Examp           | mounts someone owes you<br>les: Unpaid wages, disability insurance payments, disability be<br>benefits; unpaid loans you made to someone else                  | enefits, sick pay, vacation pay, workers' compensati | ion, Social Security  |
|    | ■ No            | 0  |  |   |
|    | ⊔ Yes.          | Give specific information  |  |   |
| 31 |                 | s in insurance policies<br>les: Health, disability, or life insurance; health savings accoun   | t (HSA); credit, homeowner's, or renter's insurance  |   |
|    | Yes. I          | Name the insurance company of each policy and list its value.  |  |   |
|    |                 | Company name:  | Beneficiary:   | Surrender or refund   |
|    |                 |  |  | value:  |
|    |                 | term life insurance  |  | \$0.00  |
| 32 | If you a someon | erest in property that is due you from someone who has one the beneficiary of a living trust, expect proceeds from a life has died.  Give specific information |  | property because  |
| 33 |                 | against third parties, whether or not you have filed a laws les: Accidents, employment disputes, insurance claims, or right                                    |  |   |
|    | ■ No            |  |  |   |
|    | ☐ Yes.          | Describe each claim  |  |   |
| 34 | Other c         | ontingent and unliquidated claims of every nature, includ  | ing counterclaims of the debtor and rights to set    | off claims  |
|    | ☐ Yes.          | Describe each claim  |  |   |
| 35 | Anv fin         | ancial assets you did not already list   |  |   |
|    | ■ No            | ,,,  |  |   |

Schedule A/B: Property Official Form 106A/B

| Debtor 1          | Robin C. McGrath-Carlson  |                           | Case number (if known)       |             |
|-------------------|---|---------------------------|------------------------------|-------------|
| ☐ Yes             | s. Give specific information  |                           |                              |             |
|                   | I the dollar value of all of your entries from Part 4, including Part 4. Write that number here                               | , , ,                     | ,                            | \$1,520.00  |
| Part 5:           | Describe Any Business-Related Property You Own or Have an Interes   | st In. List any real esta | te in Part 1.                |             |
| 37. <b>Do yo</b>  | u own or have any legal or equitable interest in any business-related   | property?                 |                              |             |
| No. 0             | Go to Part 6.   |                           |                              |             |
| ☐ Yes.            | Go to line 38.  |                           |                              |             |
| Part 6:           | Describe Any Farm- and Commercial Fishing-Related Property You Of you own or have an interest in farmland, list it in Part 1. | wn or Have an Interes     | it In.                       |             |
| 46. <b>Do y</b> o | ou own or have any legal or equitable interest in any farm- o   | r commercial fishin       | g-related property?          |             |
| ■ N               | o. Go to Part 7.  |                           |                              |             |
| ☐ Y               | es. Go to line 47.  |                           |                              |             |
| Part 7:           | Describe All Property You Own or Have an Interest in That You   | Did Not List Above        |                              |             |
|                   | ou have other property of any kind you did not already list?  |                           |                              |             |
|                   | mples: Season tickets, country club membership  |                           |                              |             |
| ■ No              |   |                           |                              |             |
| ⊔ Ye              | s. Give specific information  |                           |                              |             |
| 54. <b>Add</b>    | I the dollar value of all of your entries from Part 7. Write that   | number here               |                              | \$0.00      |
| Part 8:           | List the Totals of Each Part of this Form   |                           |                              |             |
| 55. <b>Par</b>    | t 1: Total real estate, line 2  |                           |                              | \$0.00      |
| 56. <b>Par</b>    | t 2: Total vehicles, line 5   | \$8,000.00                |                              |             |
| 57. <b>Par</b>    | t 3: Total personal and household items, line 15  | \$3,220.00                |                              |             |
| 58. <b>Par</b>    | t 4: Total financial assets, line 36  | \$1,520.00                |                              |             |
| 59. <b>Par</b>    | t 5: Total business-related property, line 45   | \$0.00                    |                              |             |
| 60. <b>Par</b>    | t 6: Total farm- and fishing-related property, line 52  | \$0.00                    |                              |             |
| 61. <b>Par</b>    | t 7: Total other property not listed, line 54 +   | \$0.00                    |                              |             |
| 62. <b>Tot</b>    | al personal property. Add lines 56 through 61   | \$12,740.00               | Copy personal property total | \$12,740.00 |
| 63. <b>Tot</b>    | al of all property on Schedule A/B. Add line 55 + line 62   |                           | _                            | \$12,740.00 |

| Debtor 1            | Robin C. McGr | ath-Carlson |           |                                     |
|---------------------|---------------|-------------|-----------|-------------------------------------|
|                     | First Name    | Middle Name | Last Name | -                                   |
| Debtor 2            |               |             |           |                                     |
| (Spouse if, filing) | First Name    | Middle Name | Last Name | -                                   |
| Case number         |               |             |           |                                     |
| (if known)          |               |             |           | ☐ Check if this is a amended filing |

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| 1. | Which set of exemptions are you claiming   | ? Check one only, ever               | n if yo | ur spouse is filing with you.                                   |                                    |
|----|--|--------------------------------------|---------|---|------------------------------------|
|    | ☐ You are claiming state and federal nonbar  | kruptcy exemptions.                  | 11 U.S  | S.C. § 522(b)(3)  |                                    |
|    | ■ You are claiming federal exemptions. 11  | U.S.C. § 522(b)(2)                   |         |   |                                    |
| 2. | For any property you list on Schedule A/B  | that you claim as exe                | empt,   | fill in the information below.                                  |                                    |
|    | Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the portion you own | Amo     | ount of the exemption you claim                                 | Specific laws that allow exemption |
|    |  | Copy the value from Schedule A/B     | Che     | ck only one box for each exemption.                             |                                    |
|    | paintings, prints, glass art   | \$500.00                             |         | \$500.00  | 11 U.S.C. § 522(d)(3)              |
|    | Line from Schedule A/B: <b>6.2</b>   |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | tv, cell Line from Schedule A/B: 7.1   | \$500.00                             |         | \$500.00  | 11 U.S.C. § 522(d)(3)              |
|    | Line Holli Schedule Arb. 1.1   |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | clothes Line from Schedule A/B: 11.1   | \$200.00                             |         | \$200.00  | 11 U.S.C. § 522(d)(3)              |
|    | Line from Scriedule Arb. 11.1  |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | cat Line from Schedule A/B: 13.1   | \$20.00                              |         | \$20.00   | 11 U.S.C. § 522(d)(3)              |
|    | Line from Scriedule Arb. 13.1  |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | Huntington Line from Schedule A/B: 17.2  | \$20.00                              |         | \$20.00   | 11 U.S.C. § 522(d)(5)              |
|    | Line from Schedule A/B: 11.2   |                                      |         | 100% of fair market value, up to                                |                                    |

Official Form 106C

Schedule C: The Property You Claim as Exempt

any applicable statutory limit

page 1 of 2

Part 1: Identify the Property You Claim as Exempt

|    |          | cription of the property and line on A/B that lists this property    | Current value of the portion you own | Amount of the exemption you claim |   | Specific laws that allow exemption |  |
|----|----------|--|--------------------------------------|-----------------------------------|---|------------------------------------|--|
|    |          |  | Copy the value from<br>Schedule A/B  | Che                               | ck only one box for each exemption.                             |                                    |  |
|    | 401 (k)  | n Schedule A/B: <b>21.1</b>  | \$1,500.00                           |                                   | \$1,500.00  | 11 U.S.C. § 522(d)(12)             |  |
|    | Line noi | il Scriedule A/B. 21.1   |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| 3. | •        | claiming a homestead exemption<br>to adjustment on 4/01/19 and every |                                      |                                   | led on or after the date of adjustmen                           | nt.)                               |  |
|    |          | s. Did you acquire the property covere                               | ed by the exemption wit              | hin 1                             | .215 days before you filed this case                            | ?                                  |  |
|    |          | Yes  |                                      |                                   |   |                                    |  |

| Fill in this informatio                           | n to identify you       | r case:   |                      |                                   |  |               |
|---|-------------------------|---|----------------------|-----------------------------------|--|---------------|
| Debtor 1 R  | obin C. McGra           | th-Carlson  |                      |                                   |  |               |
| Fir   | st Name                 | Middle Name   | Last Name            |                                   | -  |               |
| Debtor 2  | st Name                 | Middle Name   | Loot Nome            |                                   |  |               |
| (Spouse if, filing) Fir                           | stiname                 | Middle Name   | Last Name            |                                   |  |               |
| United States Bankrup                             | tcy Court for the:      | EASTERN DISTRICT OF MIC   | CHIGAN               |                                   | -  |               |
| Case number                                       |                         |   |                      |                                   |  |               |
| (if known)  |                         |   |                      |                                   | ☐ Check                                      | if this is an |
|   |                         |   |                      |                                   | amend  | ded filing    |
| Official Form 10                                  | neD                     |   |                      |                                   |  |               |
|   |                         | M/la a I I avea Oladora   | C                    | lass Durana and                   |  |               |
| schedule D:                                       | Creditors               | Who Have Claims   | Securea              | by Propert                        | <u>y                                    </u> | 12/15         |
|   |                         | f two married people are filing toget<br>out, number the entries, and attach i          |                      |                                   |  |               |
| . Do any creditors have                           | claims secured by       | your property?  |                      |                                   |  |               |
|   | -                       | nis form to the court with your other   | ar schadulas Voi     | u have nothing else t             | to report on this form                       |               |
| Yes. Fill in all o                                |                         | •   | or soriculates. Tel  | a nave nothing close              | to report on the form.                       |               |
|   |                         | below.  |                      |                                   |  |               |
| Part 1: List All Sec                              | ured Claims             |   |                      | Column A                          | Column B                                     | Column C      |
|   |                         | nore than one secured claim, list the c   |                      |                                   |  | Unsecured     |
|   |                         | a particular claim, list the other creditor<br>cal order according to the creditor's na |                      | Amount of claim Do not deduct the | Value of collateral that supports this       | portion       |
| DAMA/   | Ť                       | Danish of the surrounded that a comme   | - 4b1-i              | value of collateral.              | claim  | If any        |
| 2.1 BMW Creditor's Name                           |                         | Describe the property that secures  | s the claim:         | \$13,000.00                       | \$8,000.00                                   | \$5,000.00    |
|   |                         | 2012 Mini Cooper  |                      |                                   |  |               |
|   |                         | As of the data you file the claim is  | Ob a also all the at |                                   |  |               |
| 5550 Britton P                                    | •                       | As of the date you file, the claim is apply.  | S: Check all that    |                                   |  |               |
| Hilliard, OH 43                                   | 8026                    | ☐ Contingent  |                      |                                   |  |               |
| Number, Street, City, S                           | State & Zip Code        | ☐ Unliquidated  |                      |                                   |  |               |
| 140   |                         | ☐ Disputed  |                      |                                   |  |               |
| Who owes the debt? (                              | check one.              | Nature of lien. Check all that apply  |                      |                                   |  |               |
| Debtor 1 only                                     |                         | An agreement you made (such as car loan)  | s mortgage or secu   | red                               |  |               |
| Debtor 2 only                                     |                         |   |                      |                                   |  |               |
| Debtor 1 and Debtor 2                             | ? only                  | Statutory lien (such as tax lien, m   | nechanic's lien)     |                                   |  |               |
| At least one of the deb                           | otors and another       | ☐ Judgment lien from a lawsuit  |                      |                                   |  |               |
| ☐ Check if this claim re<br>community debt        | elates to a             | Other (including a right to offset)   |                      |                                   |  |               |
| Date debt was incurred                            |                         | Last 4 digits of account nur  | mber                 |                                   |  |               |
|   |                         |   |                      |                                   |  |               |
|   |                         | olumn A on this page. Write that nu   | mber here:           | \$13,00                           | 00.00  |               |
|   | -                       |   |                      |                                   |  |               |
|   | of your form, add       | the dollar value totals from all page   | s.                   | \$13,00                           | 00.00  |               |
| If this is the last page<br>Write that number her | of your form, add<br>e: |   |                      | \$13,00                           | 00.00  |               |

than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

| Fill in this i  | nformation to identify your   | case:   |   |
|---|---|---|---|
| Debtor 1  | Robin C. McGrath  | -Carlson  |   |
| 20010   | First Name  | Middle Name Last Name   |   |
| Debtor 2  | Circt Nome  | Middle Norse  |   |
| (Spouse if, filing  | ) First Name  | Middle Name Last Name   |   |
| United State  | es Bankruptcy Court for the:  | EASTERN DISTRICT OF MICHIGAN  |   |
| Case number   | er  |   | ☐ Check if this is an amended filing  |
|   | orm 106E/F<br>le E/F: Creditors W   | ho Have Unsecured Claims  | 12/15   |
| any executory<br>Schedule G: E<br>Schedule D: C<br>left. Attach the<br>name and cas | or contracts or unexpired leases<br>Executory Contracts and Unexp<br>Creditors Who Have Claims Sec<br>e Continuation Page to this page<br>to number (if known). | e Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORIT' that could result in a claim. Also list executory contracts on Schedule A/B: Property (irred Leases (Official Form 106G). Do not include any creditors with partially secured clared by Property. If more space is needed, copy the Part you need, fill it out, number the lift you have no information to report in a Part, do not file that Part. On the top of any | Official Form 106A/B) and on<br>aims that are listed in<br>ne entries in the boxes on the |
|   | ist All of Your PRIORITY Un   |   |   |
| _ ′   | reditors have priority unsecure   | d claims against you?   |   |
|   | o to Part 2.  |   |   |
| Yes.  | to the common property  | W.H   |   |
|   | ist All of Your NONPRIORIT  |   |   |
| 3. Do any c   | reditors have nonpriority unsec   | ured claims against you?  |   |
| ☐ No. Y   | ou have nothing to report in this p   | art. Submit this form to the court with your other schedules.   |   |
| Yes.  |   |   |   |
| unsecure  | d claim, list the creditor separately   | aims in the alphabetical order of the creditor who holds each claim. If a creditor has mo<br>of for each claim. For each claim listed, identify what type of claim it is. Do not list claims alreated the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill or   | dy included in Part 1. If more  |
|   |   |   | Total claim   |
| 4.1 Car   | oital One   | Last 4 digits of account number   | \$335.00  |
|   | priority Creditor's Name <b>B 30281</b>   | When was the debt incurred?   |   |
| _   | t Lake City, UT 84130   |   |   |
|   | ber Street City State Zlp Code  | As of the date you file, the claim is: Check all that apply   |   |
| Who   | incurred the debt? Check one.   |   |   |
|   | Debtor 1 only   | ☐ Contingent  |   |
|   | Debtor 2 only   | ☐ Unliquidated  |   |
|   | Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |
|   | At least one of the debtors and and   | ther Type of NONPRIORITY unsecured claim:   |   |
|   | Check if this claim is for a comr   | nunity  |   |
| debt  | t   | $\square$ Obligations arising out of a separation agreement or divorce that you did   | not   |
| _   | e claim subject to offset?  | report as priority claims   |   |
| ■ N   |   | Debts to pension or profit-sharing plans, and other similar debts   |   |
| □ Y   | 'es   | Other. Specify  |   |

| 1 Robin C. McGrath-Carlson                | Case number (if know)   |           |
|---|---|-----------|
| Carsons                                   | Last 4 digits of account number   | \$294.0   |
| Nonpriority Creditor's Name               | When was the debt incurred?   |           |
| POB 659813<br>San Antonio, TX 78265       | when was the debt incurred?   |           |
| Number Street City State Zlp Code         | As of the date you file, the claim is: Check all that apply                     |           |
| Who incurred the debt? Check one.         |   |           |
| Debtor 1 only                             | ☐ Contingent  |           |
| ☐ Debtor 2 only                           | ☐ Unliquidated  |           |
| ☐ Debtor 1 and Debtor 2 only              | □ Disputed  |           |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim:  |           |
| ☐ Check if this claim is for a community  | ☐ Student loans   |           |
| debt                                      | ☐ Obligations arising out of a separation agreement or divorce that you did not |           |
| Is the claim subject to offset?           | report as priority claims   |           |
| ■ No                                      | $\square$ Debts to pension or profit-sharing plans, and other similar debts     |           |
| ☐ Yes                                     | Other. Specify  |           |
| CBCS                                      | Last 4 digits of account number   | \$180.0   |
| Nonpriority Creditor's Name               | Wilson was the dalet in summed 0  |           |
| PO Box 164089<br>Columbus, OH 43216       | When was the debt incurred?   |           |
| Number Street City State Zlp Code         | As of the date you file, the claim is: Check all that apply                     |           |
| Who incurred the debt? Check one.         |   |           |
| ■ Debtor 1 only                           | ☐ Contingent  |           |
| ☐ Debtor 2 only                           | ☐ Unliquidated  |           |
| ☐ Debtor 1 and Debtor 2 only              | □ Disputed  |           |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim:  |           |
| ☐ Check if this claim is for a community  | ☐ Student loans   |           |
| debt                                      | ☐ Obligations arising out of a separation agreement or divorce that you did not |           |
| Is the claim subject to offset?           | report as priority claims   |           |
| ■ No                                      | $\square$ Debts to pension or profit-sharing plans, and other similar debts     |           |
| ☐ Yes                                     | Other. Specify  |           |
| Discover                                  | Last 4 digits of account number   | \$1,243.0 |
| Nonpriority Creditor's Name               | Wilson was the dalet in summed 0  |           |
| PO Box 30416<br>Salt Lake City, UT 84130  | When was the debt incurred?   |           |
| Number Street City State Zlp Code         | As of the date you file, the claim is: Check all that apply                     |           |
| Who incurred the debt? Check one.         |   |           |
| ■ Debtor 1 only                           | ☐ Contingent  |           |
| ☐ Debtor 2 only                           | ☐ Unliquidated  |           |
| ☐ Debtor 1 and Debtor 2 only              | Disputed  |           |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim:  |           |
| ☐ Check if this claim is for a community  | ☐ Student loans   |           |
| debt                                      | ☐ Obligations arising out of a separation agreement or divorce that you did not |           |
| Is the claim subject to offset?           | report as priority claims   |           |
| ■ No                                      | $\square$ Debts to pension or profit-sharing plans, and other similar debts     |           |
| □Yes                                      | Other. Specify  |           |

| Diversified Consultant  | Last 4 digits of account number   | \$224.0 |
|---|---|---------|
| lonpriority Creditor's Name<br>POB 551268<br>lacksonville, FL 32255 | When was the debt incurred?   |         |
| Number Street City State ZIp Code                                   | As of the date you file, the claim is: Check all that apply   |         |
| /ho incurred the debt? Check one.                                   |   |         |
| Debtor 1 only   | ☐ Contingent  |         |
| Debtor 2 only   | ☐ Unliquidated  |         |
| Debtor 1 and Debtor 2 only  | ☐ Disputed  |         |
| At least one of the debtors and another                             | Type of NONPRIORITY unsecured claim:  |         |
| ☐ Check if this claim is for a community                            | ☐ Student loans   |         |
| lebt<br>s the claim subject to offset?                              | Obligations arising out of a separation agreement or divorce that you did not report as priority claims           |         |
| No  | $\square$ Debts to pension or profit-sharing plans, and other similar debts                                       |         |
| Yes   | Other. Specify  |         |
| HSN   | Last 4 digits of account number   | \$90.0  |
| Nonpriority Creditor's Name   | When was the debt incurred?   |         |
| San Antonio, TX 78265   |   |         |
| Number Street City State ZIp Code                                   | As of the date you file, the claim is: Check all that apply   |         |
| Who incurred the debt? Check one.                                   |   |         |
| Debtor 1 only   | ☐ Contingent  |         |
| Debtor 2 only   | ☐ Unliquidated  |         |
| Debtor 1 and Debtor 2 only  | ☐ Disputed  |         |
| At least one of the debtors and another                             | Type of NONPRIORITY unsecured claim:  |         |
| ☐ Check if this claim is for a community                            | ☐ Student loans   |         |
| debt  | $\square$ Obligations arising out of a separation agreement or divorce that you did not                           |         |
| s the claim subject to offset?                                      | report as priority claims   |         |
| No  | Debts to pension or profit-sharing plans, and other similar debts   |         |
| Yes   | Other. Specify  |         |
| RS Nonpriority Creditor's Name                                      | Last 4 digits of account number   | \$714.0 |
| Post Office Box 21125<br>Philadelphia, PA 19114                     | When was the debt incurred?   |         |
| Number Street City State Zlp Code                                   | As of the date you file, the claim is: Check all that apply   |         |
| Who incurred the debt? Check one.                                   |   |         |
| Debtor 1 only   | ☐ Contingent  |         |
| Debtor 2 only   | ☐ Unliquidated  |         |
| Debtor 1 and Debtor 2 only  | ☐ Disputed  |         |
| At least one of the debtors and another                             | Type of NONPRIORITY unsecured claim:  |         |
| ☐ Check if this claim is for a community                            | ☐ Student loans   |         |
| debt<br>s the claim subject to offset?                              | $\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |         |
| No  | $\square$ Debts to pension or profit-sharing plans, and other similar debts                                       |         |
| ☐ Yes   | Other. Specify  |         |

| Debt | or 1 Robin C. McGrath-Carlson  | Case number (if know)   |             |
|------|--|---|-------------|
| 4.8  | JP Recovery  | Last 4 digits of account number   | \$97.00     |
|      | Nonpriority Creditor's Name  | <del></del>   | <del></del> |
|      | POB 16749<br>Rocky River, OH 44116                                   | When was the debt incurred?   |             |
|      | Number Street City State Zlp Code                                    | As of the date you file, the claim is: Check all that apply                             |             |
|      | Who incurred the debt? Check one.                                    | ,   |             |
|      | Debtor 1 only  | ☐ Contingent  |             |
|      | Debtor 2 only  | ☐ Unliquidated  |             |
|      | ☐ Debtor 1 and Debtor 2 only   | □ Disputed  |             |
|      | At least one of the debtors and another                              | Type of NONPRIORITY unsecured claim:  |             |
|      | ☐ Check if this claim is for a community                             | ☐ Student loans   |             |
|      | debt   | ☐ Obligations arising out of a separation agreement or divorce that you did not         |             |
|      | Is the claim subject to offset?                                      | report as priority claims   |             |
|      | ■ No   | Debts to pension or profit-sharing plans, and other similar debts                       |             |
|      | Yes  | Other. Specify  |             |
| 4.9  | Kohls  | Last 4 digits of account number   | \$180.00    |
|      | Nonpriority Creditor's Name  | When we the debt in surred 0  |             |
|      | PO Box 2983<br>Milwaukee, WI 53201                                   | When was the debt incurred?   |             |
|      | Number Street City State Zlp Code                                    | As of the date you file, the claim is: Check all that apply                             |             |
|      | Who incurred the debt? Check one.                                    |   |             |
|      | Debtor 1 only  | ☐ Contingent  |             |
|      | Debtor 2 only  | ☐ Unliquidated  |             |
|      | Debtor 1 and Debtor 2 only   | ☐ Disputed  |             |
|      | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured claim:  |             |
|      | ☐ Check if this claim is for a community                             | ☐ Student loans   |             |
|      | debt   | $\square$ Obligations arising out of a separation agreement or divorce that you did not |             |
|      | Is the claim subject to offset?                                      | report as priority claims   |             |
|      | ■ No   | Debts to pension or profit-sharing plans, and other similar debts                       |             |
|      | Yes  | Other. Specify  |             |
| 4.1  | LJ Ross  | Last 4 digits of account number   | \$38.00     |
| 0    | Nonpriority Creditor's Name  | Last 4 digits of account number   | ψου.σσ      |
|      | 4 Universal Way  | When was the debt incurred?   |             |
|      | Jackson, MI 49202  | As of the date was file the elements Observed all that seek                             |             |
|      | Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply                             |             |
|      | _  | Continued.  |             |
|      | Debtor 1 only  | ☐ Contingent  |             |
|      | Debtor 2 only  | ☐ Unliquidated  |             |
|      | Debtor 1 and Debtor 2 only   | ☐ Disputed  Type of NONPRIORITY unsecured claim:  |             |
|      | ☐ At least one of the debtors and another                            | Student loans   |             |
|      | ☐ Check if this claim is for a community debt                        | ☐ Obligations arising out of a separation agreement or divorce that you did not         |             |
|      | Is the claim subject to offset?                                      | report as priority claims   |             |
|      | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                     |             |
|      | □Yes   | Other. Specify  |             |

| LJ Ross  | Last 4 digits of account number   | \$440.0 |
|--|---|---------|
| Nonpriority Creditor's Name<br>4 Universal Way<br>Jackson, MI 49202    | When was the debt incurred?   |         |
| Number Street City State Zlp Code  Nho incurred the debt? Check one.   | As of the date you file, the claim is: Check all that apply   |         |
| Debtor 1 only  | ☐ Contingent  |         |
| Debtor 2 only  | ☐ Unliquidated  |         |
| Debtor 1 and Debtor 2 only   | ☐ Disputed  |         |
| At least one of the debtors and another                                | Type of NONPRIORITY unsecured claim:  |         |
| ☐ Check if this claim is for a community                               | Student loans   |         |
| debt<br>s the claim subject to offset?                                 | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |         |
| No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts                               |         |
| □Yes   | Other. Specify  |         |
| M&M Credit   | Last 4 digits of account number   | \$99.   |
| Nonpriority Creditor's Name<br>6324 Taylor Dr.<br>Flint, MI 48507      | When was the debt incurred?   |         |
| Number Street City State Zlp Code                                      | As of the date you file, the claim is: Check all that apply   |         |
| Who incurred the debt? Check one.                                      |   |         |
| Debtor 1 only  | ☐ Contingent  |         |
| Debtor 2 only  | ☐ Unliquidated  |         |
| Debtor 1 and Debtor 2 only   | ☐ Disputed  |         |
| At least one of the debtors and another                                | Type of NONPRIORITY unsecured claim:  |         |
| Check if this claim is for a community                                 | ☐ Student loans   |         |
| debt<br>s the claim subject to offset?                                 | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims  |         |
| ■ No   | Debts to pension or profit-sharing plans, and other similar debts   |         |
| ☐ Yes  | Other. Specify  |         |
| State of Michigan  | Last 4 digits of account number   | \$450.  |
| Nonpriority Creditor's Name<br>3024 W. Grand Blvd<br>Detroit, MI 48202 | When was the debt incurred?   |         |
| Number Street City State Zlp Code                                      | As of the date you file, the claim is: Check all that apply   |         |
| Who incurred the debt? Check one.                                      |   |         |
| Debtor 1 only  | ☐ Contingent  |         |
| Debtor 2 only  | ☐ Unliquidated  |         |
| Debtor 1 and Debtor 2 only   | ☐ Disputed  |         |
| $\square$ At least one of the debtors and another                      | Type of NONPRIORITY unsecured claim:  |         |
| Check if this claim is for a community                                 | ☐ Student loans   |         |
| debt<br>s the claim subject to offset?                                 | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims  |         |
| No   | □ Debts to pension or profit-sharing plans, and other similar debts                                       |         |
| □ Yes  | ■ Other. Specify  |         |

| J of M Health Services  | Last 4 digits of account number  | \$500.0   |
|---|--|-----------|
| Nonpriority Creditor's Name P.O. Box 2378 App. Arbor, MI 48406                            | When was the debt incurred?  |           |
| Ann Arbor, MI 48106  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply  |           |
| Debtor 1 only   | ☐ Contingent   |           |
| ☐ Debtor 2 only   | ☐ Unliquidated   |           |
| Debtor 1 and Debtor 2 only  | ☐ Disputed   |           |
| $\square$ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:   |           |
| Check if this claim is for a community  | Student loans  |           |
| lebt<br>s the claim subject to offset?  | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims |           |
| No  | lacksquare Debts to pension or profit-sharing plans, and other similar debts                             |           |
| ☐Yes  | Other. Specify   |           |
| J of M Health Services  | Last 4 digits of account number  | \$1,925.0 |
| Nonpriority Creditor's Name<br>P.O. Box 2378<br>Ann Arbor, MI 48106                       | When was the debt incurred?  |           |
| Number Street City State Zlp Code   | As of the date you file, the claim is: Check all that apply  |           |
| Who incurred the debt? Check one.   |  |           |
| Debtor 1 only   | ☐ Contingent   |           |
| Debtor 2 only   | ☐ Unliquidated   |           |
| Debtor 1 and Debtor 2 only  | ☐ Disputed   |           |
| At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:   |           |
| Check if this claim is for a community  | ☐ Student loans  |           |
| lebt<br>s the claim subject to offset?  | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims |           |
| ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                      |           |
| ☐Yes  | Other. Specify   |           |
| J of M Health Services  | Last 4 digits of account number  | \$1,384.0 |
| Nonpriority Creditor's Name P.O. Box 2378   | When was the debt incurred?  |           |
| Ann Arbor, MI 48106 Number Street City State Zlp Code                                     | As of the date you file, the claim is: Check all that apply  |           |
| Who incurred the debt? Check one.   | , ,  |           |
| Debtor 1 only   | ☐ Contingent   |           |
| Debtor 2 only   | ☐ Unliquidated   |           |
| Debtor 1 and Debtor 2 only  | ☐ Disputed   |           |
| $\square$ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:   |           |
| Check if this claim is for a community  | Student loans  |           |
| lebt<br>s the claim subject to offset?  | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims |           |
| No  | □ Debts to pension or profit-sharing plans, and other similar debts                                      |           |
| ⊒ Yes   | ■ Other. Specify   |           |

| or 1 _ <b>R</b> o | obin C. McGrath-Carlson                      | Case number (if know)   |                |
|-------------------|--|---|----------------|
|                   |  |   |                |
|                   | ted FCU                                      | Last 4 digits of account number   | \$849          |
|                   | riority Creditor's Name                      | When was the debt incurred?   |                |
|                   | nt Joseph, MI 49085                          |   |                |
|                   | per Street City State ZIp Code               | As of the date you file, the claim is: Check all that apply   |                |
| Who               | incurred the debt? Check one.                |   |                |
| ■ De              | ebtor 1 only                                 | ☐ Contingent  |                |
| □ De              | ebtor 2 only                                 | ☐ Unliquidated  |                |
| □ De              | ebtor 1 and Debtor 2 only                    | ☐ Disputed  |                |
| ☐ At              | t least one of the debtors and another       | Type of NONPRIORITY unsecured claim:  |                |
| □сн               | heck if this claim is for a community        | ☐ Student loans   |                |
| debt<br>Is the    | e claim subject to offset?                   | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |                |
| ■ No              | 0  | Debts to pension or profit-sharing plans, and other similar debts   |                |
| □Y€               | es   | ■ Other. Specify  |                |
|                   |  |   |                |
|                   | versal Credit                                | Last 4 digits of account number   | \$793          |
|                   | riority Creditor's Name                      | When was the debt incurred?   |                |
|                   | 3 9001037<br>isville, KY 40290               | when was the debt incurred?   |                |
|                   | per Street City State Zlp Code               | As of the date you file, the claim is: Check all that apply   |                |
| Who               | incurred the debt? Check one.                |   |                |
| ■ De              | ebtor 1 only                                 | ☐ Contingent  |                |
| □ De              | ebtor 2 only                                 | ☐ Unliquidated  |                |
| □ De              | ebtor 1 and Debtor 2 only                    | □ Disputed  |                |
| _                 | t least one of the debtors and another       | Type of NONPRIORITY unsecured claim:  |                |
| _                 | heck if this claim is for a community        | ☐ Student loans   |                |
| debt              |  | ☐ Obligations arising out of a separation agreement or divorce that you did not                           |                |
| Is the            | e claim subject to offset?                   | report as priority claims   |                |
| ■ No              | o  | $\square$ Debts to pension or profit-sharing plans, and other similar debts                               |                |
| ☐ Ye              | es   | Other. Specify  |                |
| Uofi              | A.M  |   | \$1,990        |
|                   | priority Creditor's Name                     | Last 4 digits of account number   | <b>Φ1,99</b> ( |
| 1500              | 0 E. Medical Center Drive<br>Arbor, MI 48109 | When was the debt incurred?   |                |
| Numb              | per Street City State ZIp Code               | As of the date you file, the claim is: Check all that apply   |                |
| Who               | incurred the debt? Check one.                |   |                |
| ■ De              | ebtor 1 only                                 | ☐ Contingent  |                |
| □ De              | ebtor 2 only                                 | ☐ Unliquidated  |                |
| □ De              | ebtor 1 and Debtor 2 only                    | ☐ Disputed  |                |
| ☐ At              | t least one of the debtors and another       | Type of NONPRIORITY unsecured claim:  |                |
|                   | heck if this claim is for a community        | ☐ Student loans   |                |
| debt              | ·  | ☐ Obligations arising out of a separation agreement or divorce that you did not                           |                |
| Is the            | e claim subject to offset?                   | report as priority claims   |                |
| ■ No              | 0  | Debts to pension or profit-sharing plans, and other similar debts   |                |
| □Y€               | es   | Other. Specify  |                |

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Part 4: Add the Amounts for Each Type of Unsecured Claim

Schedule E/F: Creditors Who Have Unsecured Claims

Page 7 of 8

Official Form 106 E/F

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|              |     |   |     | Total Claim     |
|--------------|-----|---|-----|-----------------|
|              | 6a. | Domestic support obligations  | 6a. | \$<br>0.00      |
| Total claims |     |   |     |                 |
| from Part 1  | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$<br>0.00      |
|              | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$<br>0.00      |
|              | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$<br>0.00      |
|              | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$<br>0.00      |
|              |     |   |     | Total Claim     |
|              | 6f. | Student loans   | 6f. | \$<br>0.00      |
| Total claims |     |   |     |                 |
| from Part 2  | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$<br>0.00      |
|              | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$<br>0.00      |
|              | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$<br>11,825.00 |
|              | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$<br>11,825.00 |

| Fill in this infor     | mation to identify your  | case:              |            |                                      |
|------------------------|--------------------------|--------------------|------------|--------------------------------------|
| Debtor 1               | Robin C. McGrath         | n-Carlson          |            |                                      |
|                        | First Name               | Middle Name        | Last Name  |                                      |
| Debtor 2               |                          |                    |            |                                      |
| (Spouse if, filing)    | First Name               | Middle Name        | Last Name  |                                      |
| United States Ba       | ankruptcy Court for the: | EASTERN DISTRICT O | F MICHIGAN |                                      |
| Case number (if known) |                          |                    |            | ☐ Check if this is an amended filing |
|                        |                          |                    |            | amended filing                       |

## Official Form 106G

### **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - □ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

2.1 Gallery Place Partners
1400 Gallery Place Dr.
Jackson, MI 49201

State what the contract or lease is for
apartment lease

| Debtor 1                                | Robin C. McGrath  | n-Carlson  |   |  |  |
|---|---|--|---|--|--|
| DCDIOI 1                                | First Name  | Middle Name  | Last Name   |  |  |
| Debtor 2<br>(Spouse if, filing          | ing) First Name   | Middle Name  | Last Name   |  |  |
| United Sta                              | ates Bankruptcy Court for the:  | EASTERN DISTRICT O   | OF MICHIGAN   |  |  |
| Case num<br>(if known)                  | ber   |  |   |  | ☐ Check if this is an amended filing   |
|   | l Form 106H<br>Iule H: Your Cod   | ebtors   |   |  | 12/15  |
| people are<br>ill it out, a<br>our name | e filing together, both are equ   | ally responsible for sup<br>boxes on the left. Attacl<br>. Answer every question | plying correct informa<br>h the Additional Page<br>n. | tion. If more space is note that the top                 | ate as possible. If two married eeded, copy the Additional Page, o of any Additional Pages, write              |
| ■ No<br>□ Yes                           | s<br>hin the last 8 years, have you   | lived in a community n   | roperty state or territo                              | rv? (Community properts                                  | v states and territories include   |
| Arizon  No.                             | na, California, Idaho, Louisiana,<br>. Go to line 3.<br>s. Did your spouse, former spou | Nevada, New Mexico, Pu   | uerto Rico, Texas, Wash                               |  |  |
| in line<br>Form<br>out Co               | e 2 again as a codebtor only i<br>106D), Schedule E/F (Official<br>olumn 2.             | f that person is a guaran  | ntor or cosigner. Make                                | sure you have listed th<br>06G). Use Schedule D, S       | g with you. List the person shown<br>ne creditor on Schedule D (Official<br>Schedule E/F, or Schedule G to fil |
|   | Column 1: Your codebtor<br>Name, Number, Street, City, State and ZI                     | P Code   |   | Column 2: The cre<br>Check all schedule                  | editor to whom you owe the debt es that apply:   |
| 3.1                                     | Name  |  |   | ☐ Schedule D, line ☐ Schedule E/F, li ☐ Schedule G, line | ine  |
|   | Number Street<br>City   | State  | ZIP Code  | _  |  |
| 3.2                                     | Name  |  |   | ☐ Schedule D, line ☐ Schedule E/F, li                    | ine  |
|   | Number Street<br>City   | State  | ZIP Code  |  |  |

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Schedule H: Your Codebtors Page 1 of 1
Best Case Bankruptcy
Entered 06/14/17 17:56:57 Page 27 of 47

|             | in this information to identify your control Robin C. Mo                                     | ase:<br>:Grath-Carlson       |   |            |               |               |              |                                  |          |
|-------------|--|------------------------------|---|------------|---------------|---------------|--------------|----------------------------------|----------|
|             | <u></u>  | Gratii-Carison               |   |            | -             |               |              |                                  |          |
|             | otor 2  buse, if filing)   |                              |   |            | -             |               |              |                                  |          |
| Uni         | ted States Bankruptcy Court for the  | : EASTERN DISTRICT           | OF MICHIGAN                             |            | -             |               |              |                                  |          |
|             | se number  |                              |   |            | Che           | ck if this is | :            |                                  |          |
| (If kr      | nown)  |                              |   |            |               | An amende     |              |                                  |          |
|             |  |                              |   |            |               |               |              | g postpetition<br>ollowing date: |          |
| 0           | fficial Form 106I  |                              |   |            | į             | MM / DD/ `    | YYYY         |                                  |          |
| S           | chedule I: Your Inc  | ome                          |   |            |               |               |              |                                  | 12/15    |
| atta<br>Par | use. If you are separated and you ch a separate sheet to this form.  t1: Describe Employment |                              |   |            |               |               |              |                                  |          |
| 1.          | Fill in your employment information.   |                              | Debtor 1                                |            |               | Debtor 2      | 2 or non-fi  | iling spouse                     |          |
|             | If you have more than one job,   | Employment status            | ■ Employed                              |            |               | ☐ Empl        | •            |                                  |          |
|             | attach a separate page with information about additional                                     | zmproyment status            | ☐ Not employed                          |            |               | ☐ Not e       | employed     |                                  |          |
|             | employers.   | Occupation                   | FEPS                                    |            |               |               |              |                                  |          |
|             | Include part-time, seasonal, or self-employed work.  | Employer's name              | Sheridian Books                         |            |               |               |              |                                  |          |
|             | Occupation may include student or homemaker, if it applies.                                  | Employer's address           | 613 E. Chelsea Inc<br>Chelsea, MI 48118 |            | l Dr.         |               |              |                                  |          |
|             |  | How long employed the        | here? 5 yrs.                            |            |               |               |              |                                  |          |
| Pai         | t 2: Give Details About Mor  | nthly Income                 |   |            |               |               |              |                                  |          |
|             | mate monthly income as of the duse unless you are separated.                                 | ate you file this form. If y | you have nothing to rep                 | ort for ar | ny line, writ | te \$0 in the | space. Inc   | olude your no                    | n-filing |
|             | ou or your non-filing spouse have mo<br>e space, attach a separate sheet to                  |                              | ombine the information f                | or all em  | nployers fo   | r that perso  | on on the li | nes below. If                    | you need |
|             |  |                              |   |            | For De        | ebtor 1       |              | btor 2 or<br>ing spouse          |          |
| 2.          | List monthly gross wages, sala deductions). If not paid monthly,                             |                              |   | 2.         | \$            | 2,155.83      | \$           | N/A                              | -        |
| 3.          | Estimate and list monthly overt  | ime pay.                     |   | 3          | +\$           | 0.00          | +\$          | N/A                              | -        |
| 1           | Calculate gross Income Add lin   | 2 1 lino 3                   |   | 4          | ¢ 24          | IEE 02        | •            | NI/A                             |          |

|     |                 |   |   |           |    | For [       | Debtor 1 |      |      | For Debtor<br>non-filing s |                |                   |
|-----|-----------------|---|---|-----------|----|-------------|----------|------|------|----------------------------|----------------|-------------------|
|     | Copy            | y line 4 here   |   | 4.        |    | \$          | 2,15     | 5.83 | \$   |                            | N/A            | <u> </u>          |
| _   |                 |   |   |           |    |             |          |      |      |                            |                | _                 |
| 5.  |                 | all payroll deduc   |   |           |    |             |          |      |      |                            |                |                   |
|     | 5a.             |   | and Social Security deductions  | 5a.       |    | \$          |          | 9.33 | \$   |                            | N/A            |                   |
|     | 5b.             | •   | tributions for retirement plans   | 5b.       |    | \$          |          | 0.00 | \$   | ;                          | N/A            |                   |
|     | 5c.             | -   | ributions for retirement plans  | 5c.       |    | \$          |          | 3.33 | \$   | ·                          | N/A            | _                 |
|     | 5d.             |   | ments of retirement fund loans  | 5d.       |    | \$          |          | 0.00 | \$   | <u> </u>                   | N/A            | _                 |
|     | 5e.             | Insurance   |   | 5e.       |    | \$          | 37       | 0.50 | \$   | <i></i>                    | N/A            | <u>\</u>          |
|     | 5f.             | Domestic supp   | ort obligations   | 5f.       |    | \$          |          | 0.00 | \$   | <u> </u>                   | N/A            | _                 |
|     | 5g.             | Union dues  |   | 5g.       |    | \$          |          | 0.00 | \$   |                            | N/A            |                   |
|     | 5h.             | Other deduction   | ns. Specify:  | 5h.       | +  | \$          | (        | 0.00 | + \$ | ·                          | N/A            | <u>\</u>          |
| 6.  | Add             | the payroll dedu  | ctions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | 6.        | :  | \$          | 87       | 3.16 | \$   | ;                          | N/A            | <u>\</u>          |
| 7.  | Calc            | ulate total month   | lly take-home pay. Subtract line 6 from line 4.   | 7.        | :  | \$          | 1,28     | 2.67 | \$   | ;                          | N/A            | <u>\</u>          |
| 8.  | List a<br>8a.   | Net income from<br>profession, or f<br>Attach a statement       | ent for each property and business showing gross<br>y and necessary business expenses, and the total  | 8a.       |    | \$          |          | 0.00 | \$   | 8                          | N/A            |                   |
|     | 8b.             | Interest and div  |   | 8b.       |    | <u>\$</u> — |          | 0.00 | \$   |                            | N/A            | _                 |
|     | 8c.             | Family support regularly received include alimony,              | payments that you, a non-filing spouse, or a depende  |           |    | \$          |          | 0.00 | \$   | ·                          | N/A            | _                 |
|     | 8d.             | Unemployment  |   | 8d.       |    | <u>\$</u> — |          | 0.00 | \$   |                            | N/A            | _                 |
|     | 8e.             | Social Security   | •   | 8e.       |    | \$          |          | 0.00 | \$   |                            | N/A            |                   |
|     | 8f.             | Include cash ass<br>that you receive,                           | ent assistance that you regularly receive sistance and the value (if known) of any non-cash assistar, such as food stamps (benefits under the Supplemental nce Program) or housing subsidies. | 8f.       |    | *           |          | 0.00 | \$   | 8                          | N/A            | <u> </u>          |
|     | 8g.             | Pension or retir  | rement income   | 8g.       |    | \$          |          | 0.00 | \$   | <u> </u>                   | N/A            | <u>\</u>          |
|     | 8h.             | Other monthly i   | income. Specify:  | 8h.       | +  | \$          | (        | 0.00 | + \$ | ;                          | N/A            | <u> </u>          |
| 9.  | Add             | all other income.   | . Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.        | \$ |             | 70       | 0.00 | \$   | 5                          | N/             | A                 |
| 10. | Calc            | ulate monthly inc   | come. Add line 7 + line 9.  | 10.       | \$ | 1           | ,982.67  | + \$ |      | N/A                        | = \$           | 1,982.67          |
|     | Add t           | the entries in line   | 10 for Debtor 1 and Debtor 2 or non-filing spouse.  |           | _  |             | ,        | 11.  |      |                            | ' -            | ,                 |
| 11. | Inclu-<br>other | de contributions fr<br>friends or relative<br>ot include any am | r contributions to the expenses that you list in Schedulom an unmarried partner, members of your household, yours.  ounts already included in lines 2-10 or amounts that are n                | our deper |    |             |          |      |      | in <i>Schedule</i>         | e J.<br>+\$    | 0.00              |
| 12. |                 | that amount on the  | e last column of line 10 to the amount in line 11. The ne Summary of Schedules and Statistical Summary of Cel   |           |    |             |          |      |      |                            | \$             | 1,982.67          |
| 13. |                 | No.   | rease or decrease within the year after you file this fo  | rm?       |    |             |          |      |      |                            | Combi<br>month | ined<br>ly income |
|     |                 | Yes. Explain:   |   |           |    |             |          |      |      |                            |                |                   |

|       | in this informa                | tion to identify yo                        | ur case:      |  |  |                 |                    |   |
|-------|--------------------------------|--|---------------|--|--|-----------------|--------------------|---|
| Deb   |                                | Robin C. McC                               |               | rlson  |  | Check           | c if this is:      |   |
|       |                                | KODIII O. INICK                            | Statil Oa     | 13011  |  |                 | An amended filing  |   |
|       | tor 2<br>ouse, if filing)      |  |               |  |  |                 |                    | ving postpetition chapter the following date: |
| Unite | ed States Bankr                | ruptcy Court for the:                      | EASTE         | RN DISTRICT OF MICHIG  | AN                                       | <u> </u>        | MM / DD / YYYY     |   |
|       | e number<br>nown)              |  |               |  |  |                 |                    |   |
|       |                                | rm 106J                                    | _             |  |  |                 |                    |   |
|       |                                | J: Your I                                  |               |  | a filiman ta matham la                   | -th             | II                 | 12/15   |
| info  | rmation. If m                  |  | eded, atta    | . If two married people ar<br>ch another sheet to this t<br>n. |  |                 |                    |   |
| Pari  |                                | ibe Your House                             | hold          |  |  |                 |                    |   |
| 1.    | Is this a joir                 |  |               |  |  |                 |                    |   |
|       | ■ No. Go to                    | o line 2.<br>I <b>s Debtor 2 live i</b>    | n a separ     | ate household?   |  |                 |                    |   |
|       | □N                             |  |               |  |  |                 |                    |   |
|       | ΠY                             | es. Debtor 2 mus                           | t file Offici | al Form 106J-2, <i>Expenses</i>                                | for Separate House                       | hold of Debto   | or 2.              |   |
| 2.    | Do you have                    | e dependents?                              | ■ No          |  |  |                 |                    |   |
|       | Do not list D<br>Debtor 2.     | ebtor 1 and                                | ☐ Yes.        | Fill out this information for each dependent                   | Dependent's relati<br>Debtor 1 or Debtor |                 | Dependent's age    | Does dependent live with you?                 |
|       | Do not state                   |  |               |  |  |                 |                    | □ No  |
|       | dependents                     | names.                                     |               |  |  |                 |                    | □ Yes<br>□ No                                 |
|       |                                |  |               |  |  |                 |                    | ☐ Yes   |
|       |                                |  |               |  |  |                 |                    | □ No  |
|       |                                |  |               |  |  |                 |                    | ☐ Yes<br>☐ No                                 |
|       |                                |  |               |  |  |                 |                    | ☐ Yes   |
| 3.    |                                | enses include                              |               | No   |  |                 |                    |   |
|       | •                              | f people other th<br>d your depender       |               | Yes  |  |                 |                    |   |
|       | imate your ex                  |  | ur bankrı     | uptcy filing date unless y                                     |  |                 |                    |   |
| -     | enses as of a<br>licable date. | a date after the b                         | ankruptc      | y is filed. If this is a supp                                  | lemental Schedule                        | J, check the    | e box at the top o | f the form and fill in the                    |
|       |                                |  |               | government assistance it                                       |  |                 |                    |   |
|       | icial Form 10                  |  |               |  |  |                 | Your expe          | enses   |
| 4.    |                                | or home ownersl<br>and any rent for the    |               | ses for your residence. In<br>r lot.                           | nclude first mortgage                    | 4. \$           |                    | 600.00  |
|       | If not includ                  | led in line 4:                             |               |  |  |                 |                    |   |
|       | 4a. Real e                     | estate taxes                               |               |  |  | 4a. \$          |                    | 0.00  |
|       | 4b. Prope                      | rty, homeowner's                           |               |  |  | 4b. \$          |                    | 0.00  |
|       |                                |  |               | upkeep expenses  |  | 4c. \$          |                    | 0.00  |
| 5.    |                                | owner's associati<br><b>nortgage pavme</b> |               | dominium dues<br>our residence, such as ho                     | me equity loans                          | 4d. \$<br>5. \$ |                    | 0.00  |

| Fill in this infor        | mation to identify yo                           | NUK GOGGI                   |                              |                      | 1                                  |        |
|---------------------------|---|-----------------------------|------------------------------|----------------------|------------------------------------|--------|
| Debtor 1                  | Robin C. McG                                    |                             |                              |                      |                                    |        |
| 200101                    | First Name                                      | Middle Name                 | Last Name                    |                      |                                    |        |
| Debtor 2                  |   |                             |                              |                      |                                    |        |
| (Spouse if, filing)       | First Name                                      | Middle Name                 | Last Name                    |                      |                                    |        |
| United States Ba          | ankruptcy Court for th                          | e: EASTERN DISTRICT         | OF MICHIGAN                  |                      |                                    |        |
| Case number               |   |                             |                              |                      |                                    |        |
| (if known)                |   |                             |                              |                      | Check if this is ar amended filing | 1      |
| Official For              |   | on Individua                | l Dobtorio So                | hadulaa              |                                    |        |
| Declara                   | tion About                                      | : an Individua              | i Deptor S Sc                | nedules              |                                    | 12/15  |
| Sig<br>Did you pa<br>■ No | In Below  ay or agree to pay so                 | omeone who is NOT an atto   | orney to help you fill out b |                      | nkruptcy Petition Preparer's N     | otice, |
|                           |   |                             |                              |                      | on, and Signature (Official Form   |        |
|                           | alty of perjury, I decl<br>re true and correct. | are that I have read the su | mmary and schedules file     | d with this declarat | ion and                            |        |
| X /s/ Rol                 | bin C. McGrath-Ca                               | rlson                       | X                            |                      |                                    |        |
|                           | C. McGrath-Carls<br>ure of Debtor 1             | on                          | Signature of                 | Debtor 2             |                                    |        |
| Date                      | June 14, 2017                                   |                             | Date                         |                      |                                    |        |
|                           |   |                             |                              |                      |                                    |        |

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules** 

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Best Case Bankruptcy

| Fill in this info   | ormation to identify you  | r case:  |  |  |   |
|---|---|--|--|--|---|
| Debtor 1  | Robin C. McGra  |  |  |  |   |
| Debtor 2  | First Name  | Middle Name  | Last Name  |  |   |
| (Spouse if, filing)   | First Name  | Middle Name  | Last Name  |  |   |
| United States I   | Bankruptcy Court for the:   | EASTERN DISTRICT OF  | MICHIGAN   |  |   |
| Case number   |   |  |  |  |   |
| (if known)  |   |  |  | -  | Check if this is an                                   |
|   |   |  |  |  | amended filing  |
| Official F  | orm 107   |  |  |  |   |
|   |   | Affairs for Individ  | duals Filing for B   | ankruntov  | 4/16  |
|   |   | ible. If two married people a  |  |  |   |
| information. If   | f more space is needed,   | attach a separate sheet to   |  |  |   |
|   | own). Answer every que  |  |  |  |   |
| Part 1: Give  | e Details About Your Ma   | arital Status and Where You  | Lived Before   |  |   |
| 1. What is yo   | our current marital statu   | ıs?  |  |  |   |
| ☐ Marri   | ed  |  |  |  |   |
| ■ Not m   | narried   |  |  |  |   |
| 2. During the   | e last 3 years, have you  | lived anywhere other than  | where you live now?  |  |   |
| □ No  |   |  |  |  |   |
|   | List all of the places you  | lived in the last 3 years. Do no   | ot include where you live nov  | ٧.   |   |
|   | Prior Address:  | Dates Debtor 1   | Debtor 2 Prior Ac  |  | Dates Debtor 2  |
| Debtor I  | Filor Address.  | lived there  | Debiol 2 Filor At  | iui ess.   | lived there   |
|   | isholm Rd.<br>MI 49265  | From-To:<br><b>2014 - 2016</b>   | ☐ Same as Debtor   | 1  | ☐ Same as Debtor 1 From-To:                           |
| Olisteu,  | WII 49203   | 2014 2010  |  |  | 110111-10.  |
| No No Yes.  Part 2 Exp  4. Did you h Fill in the t If you are t | Make sure you fill out Scalain the Sources of You ave any income from er otal amount of income you filling a joint case and you | wer live with a spouse or legalifornia, Idaho, Louisiana, New hedule H: Your Codebtors (Office Income Imployment or from operating by received from all jobs and a have income that you received | vada, New Mexico, Puerto R  fficial Form 106H).  g a business during this yeall businesses, including part | ico, Texas, Washington and Very sear or the two previous cale-time activities. | Wisconsin.)   |
| ■ Yes.  | Fill in the details.  |  |  |  |   |
|   |   | Debtor 1   |  | Debtor 2   |   |
|   |   | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and<br>exclusions)  | Sources of income<br>Check all that apply.                                     | Gross income<br>(before deductions<br>and exclusions) |
|   | 1 of current year until iled for bankruptcy:  | ☐ Wages, commissions, bonuses, tips  | \$17,000.00  | ☐ Wages, commissions, bonuses, tips  |   |
|   |   | ☐ Operating a business   |  | ☐ Operating a business   |   |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| Voc. Debter 1 or Debter 2 or both have primarily concurred debte |     |  |   |
|--|-----|--|---|
|  | Yes | Debtor 1 or Debtor 2 or both have primarily consumer debts | 2 |

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

■ No. Go to line 7.

Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an

attorney for this bankruptcy case.

Creditor's Name and Address

Dates of payment

Total amount paid

Amount you paid

Still owe

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| Deb | otor 1            | Robin C. McGrath-Carlson   |  | Cas   | se number (if known)                        |                                     |   |
|-----|-------------------|--|--|---|---|-------------------------------------|---|
| 7.  | Inside of which   | n 1 year before you filed for bankrupt<br>ers include your relatives; any general pa<br>ch you are an officer, director, person in<br>ness you operate as a sole proprietor. 1 | artners; relatives of any ger<br>control, or owner of 20% of | neral partners; partners partners or more of their voting | erships of which yog<br>g securities; and a | ou are a general<br>ny managing age | partner; corporations<br>ent, including one for |
|     | _                 | No<br>⁄es. List all payments to an insider.  |  |   |   |                                     |   |
|     | Insid             | er's Name and Address  | Dates of payment   | Total amount paid   | Amount you still owe                        | Reason for th                       | is payment                                      |
| В.  | inside<br>Include | e payments on debts guaranteed or cos  |  | ments or transfer a                                       | any property on a                           | eccount of a deb                    | t that benefited an                             |
|     | _                 | No<br>/es. List all payments to an insider   |  |   |   |                                     |   |
|     |                   | er's Name and Address  | Dates of payment   | Total amount paid   | Amount you still owe                        | Reason for th                       |   |
|     |                   | Identify Legal Actions, Repossession   |  | para  | Still OWC                                   | molade credite                      | or a riame                                      |
|     | modified No. 1    | I such matters, including personal injury cations, and contract disputes.  No Yes. Fill in the details.  | Nature of the case   | Court or agency   | ,,  | Status of the                       |   |
| 10. | Check             | n 1 year before you filed for bankrupt all that apply and fill in the details below.  No. Go to line 11.  Yes. Fill in the information below.                                  |  | erty repossessed, f                                       | oreclosed, garni                            | shed, attached,                     | seized, or levied?                              |
|     | Credi             | itor Name and Address  | Describe the Property  |   | Date  |                                     | Value of the property                           |
|     |                   |  | Explain what happened  | d   |   |                                     |   |
| 11. | accou             | n 90 days before you filed for bankrupunts or refuse to make a payment bed<br>No<br>/es. Fill in the details.  |  | luding a bank or fii                                      | nancial institutio                          | n, set off any am                   | ounts from your                                 |
|     | Credi             | itor Name and Address  | Describe the action the                                      | e creditor took   | Date<br>take                                | action was                          | Amount  |
| 12. |                   | n 1 year before you filed for bankrupt<br>appointed receiver, a custodian, or a  |  | erty in the possess                                       | ion of an assigne                           | ee for the benefi                   | t of creditors, a                               |
|     | _                 | √os  |  |   |   |                                     |   |
| Par |                   | List Certain Gifts and Contributions   |  |   |   |                                     |   |
| 13. | _                 | n 2 years before you filed for bankrup   | otcy, did you give any gift                                  | s with a total value                                      | of more than \$60                           | 00 per person?                      |   |
|     |                   | √es. Fill in the details for each gift.  |  |   |   |                                     |   |
|     | Gifts             | with a total value of more than \$600 person   | Describe the gifts   |   | Date<br>the g                               | s you gave<br>jifts                 | Value   |
|     | Perso             | on to Whom You Gave the Gift and ress:   |  |   |   |                                     |   |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| Deb | Robin C. McGrath-Carlson   |                        |   | Case number    | (if known)                      |                           |
|-----|--|------------------------|---|----------------|---------------------------------|---------------------------|
|     |  |                        |   |                |                                 |                           |
| 14. | Within 2 years before you filed for bankrup  ■ No  | •                      |   | ns with a tota | I value of more than            | \$600 to any charity?     |
|     | Yes. Fill in the details for each gift or con  |                        |   |                |                                 |                           |
|     | Gifts or contributions to charities that tot<br>more than \$600<br>Charity's Name<br>Address (Number, Street, City, State and ZIP Code)        | al                     | Describe what you contributed   |                | Dates you contributed           | Value                     |
| Par | t 6: List Certain Losses   |                        |   |                |                                 |                           |
| 15. | Within 1 year before you filed for bankrupt or gambling?   | cy or                  | since you filed for bankruptcy, did y   | you lose anyt  | hing because of thef            | t, fire, other disaster,  |
|     | ■ No   |                        |   |                |                                 |                           |
|     | Yes. Fill in the details.  |                        |   |                |                                 |                           |
|     | how the loss occurred  | nclude                 | be any insurance coverage for the lot<br>the amount that insurance has paid. L<br>ce claims on line 33 of Schedule A/B: | _ist pending   | Date of your loss               | Value of property<br>lost |
| Par | t 7: List Certain Payments or Transfers  |                        |   |                |                                 |                           |
|     | · · ·  |                        |   |                |                                 |                           |
|     | Within 1 year before you filed for bankrupto<br>consulted about seeking bankruptcy or pre<br>Include any attorneys, bankruptcy petition pre    | eparir                 | ng a bankruptcy petition?   | . ,            | ,, ,                            | ty to anyone you          |
|     | □ No   |                        |   |                |                                 |                           |
|     | Yes. Fill in the details.  |                        |   |                |                                 |                           |
|     |  |                        | Description and value of any man  |                | Data naumant                    | A manuat of               |
|     | Person Who Was Paid<br>Address   |                        | Description and value of any prop transferred   | erty           | Date payment<br>or transfer was | Amount of payment         |
|     | Email or website address   |                        |   |                | made                            | . ,                       |
|     | Person Who Made the Payment, if Not You  | u                      | Attamas, Faca   |                | May 2047                        | <b>\$200.00</b>           |
|     | Sean L. Campbell Law Offices<br>4125 Okemos Rd., Ste 21<br>Okemos, MI 48864<br>sean@camplaw.net  |                        | Attorney Fees   |                | May 2017                        | \$800.00                  |
| 17. | Within 1 year before you filed for bankrupt promised to help you deal with your credit   |                        |   |                | r transfer any proper           | ty to anyone who          |
|     | Do not include any payment or transfer that you  |                        |   | 5:             |                                 |                           |
|     | ■ No   |                        |   |                |                                 |                           |
|     | Yes. Fill in the details.  |                        |   |                |                                 |                           |
|     | Person Who Was Paid  |                        | Description and value of any prop   | ortv           | Date payment                    | Amount of                 |
|     | Address  |                        | transferred   | erty           | or transfer was                 | payment                   |
| 18. | Within 2 years before you filed for bankrup  | otcv. c                | lid you sell, trade, or otherwise tran  | sfer any prop  | erty to anyone, other           | than property             |
|     | transferred in the ordinary course of your I<br>Include both outright transfers and transfers minclude gifts and transfers that you have alrea | <b>busin</b><br>nade a | ess or financial affairs? as security (such as the granting of a s  |                |                                 |                           |
|     | No   |                        |   |                |                                 |                           |
|     | ☐ Yes. Fill in the details.  |                        |   |                |                                 |                           |
|     | Person Who Received Transfer   |                        | Description and value of  |                | any property or                 | Date transfer was         |
|     | Address  |                        | property transferred  |                | received or debts               | made                      |
|     | Person's relationship to you   |                        |   | paid in ex     | change                          |                           |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| 19. | <ul> <li>9. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)</li> <li>No</li> <li>Yes. Fill in the details.</li> </ul>   |  |                  |                       |   |   |
|-----|---|--|------------------|-----------------------|---|---|
|     | Name of trust   | Description and  | value of the pro | perty trans           | ferred  | Date Transfer was made                        |
| Par | List of Certain Financial Accounts, Inst  | ruments, Safe Depos  | it Boxes, and St | orage Units           | 3   |   |
| 20. | Within 1 year before you filed for bankruptcy, sold, moved, or transferred?   | , were any financial a   | ccounts or instr | uments hel            | d in your name, or for y                                      | our benefit, closed,                          |
|     | Include checking, savings, money market, or houses, pension funds, cooperatives, associ  No   |  |                  |                       | ; shares in banks, cred                                       | it unions, brokerage                          |
|     | Yes. Fill in the details.   |  |                  |                       |   |   |
|     |   | Last 4 digits of account number                                      | Type of accou    | unt or                | Date account was<br>closed, sold,<br>moved, or<br>transferred | Last balance<br>before closing or<br>transfer |
| 21. | Do you now have, or did you have within 1 ye cash, or other valuables?  | ear before you filed fo  | r bankruptcy, ar | ny safe dep           | osit box or other depos                                       | sitory for securities,                        |
|     | ■ No  |  |                  |                       |   |   |
|     | Yes. Fill in the details.   |  |                  |                       |   |   |
|     | Name of Financial Institution Address (Number, Street, City, State and ZIP Code)  | Who else had ac<br>Address (Number,<br>State and ZIP Code)           |                  | Describe t            | he contents   | Do you still have it?                         |
| 22. | Have you stored property in a storage unit or   | place other than you   | r home within 1  | year before           | e you filed for bankrupt                                      | cy?   |
|     | ■ No □ Yes. Fill in the details.  |  |                  |                       |   |   |
|     | Name of Storage Facility Address (Number, Street, City, State and ZIP Code)   | Who else has or<br>to it?<br>Address (Number,<br>State and ZIP Code) |                  | Describe the contents |   | Do you still have it?                         |
| Par | 19: Identify Property You Hold or Control for   | or Someone Else  |                  |                       |   |   |
| 23. | Do you hold or control any property that som for someone.   | neone else owns? Inc   | lude any proper  | ty you borre          | owed from, are storing  | for, or hold in trust                         |
|     | ■ No □ Yes. Fill in the details.  |  |                  |                       |   |   |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)  | Where is the pro<br>(Number, Street, City,<br>Code)                  |                  | Describe t            | he property   | Value   |
| Par | 10: Give Details About Environmental Infor  | mation   |                  |                       |   |   |
| For | he purpose of Part 10, the following definition   | ns apply:  |                  |                       |   |   |
|     | Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. |  |                  |                       |   |   |
|     | Site means any location, facility, or property to own, operate, or utilize it, including dispos   | •  | environmental I  | aw, whethe            | er you now own, operat  | e, or utilize it or used                      |
|     | Hazardous material means anything an envir  |  | as a hazardous   | waste, haz            | ardous substance, tox   | ic substance,                                 |
| Ren | teport all notices, releases, and proceedings that you know about, regardless of when they occurred.  |  |                  |                       |   |   |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? |       |  |  | ental law? |   |                    |  |  |  |
|--|-------|--|--|------------|---|--------------------|--|--|--|
|  |       | No<br>Yes. Fill in the details.  |  |            |   |                    |  |  |  |
|  |       | me of site<br>dress (Number, Street, City, State and ZIP Code)                         | Governmental unit Address (Number, Street, City, State and ZIP Code)       |            | Environmental law, if you know it                             | Date of notice     |  |  |  |
| 25.  | Hav   | e you notified any governmental unit of a  | any release of hazardous material?   |            |   |                    |  |  |  |
|  |       | No<br>Yes. Fill in the details.  |  |            |   |                    |  |  |  |
|  |       | me of site<br>dress (Number, Street, City, State and ZIP Code)                         | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) |            | Environmental law, if you<br>know it                          | Date of notice     |  |  |  |
| 26.  | Hav   | e you been a party in any judicial or adm  | inistrative proceeding under any envi                                      | ironm      | ental law? Include settlements a                              | and orders.        |  |  |  |
|  |       | No<br>Yes. Fill in the details.  |  |            |   |                    |  |  |  |
|  |       | se Title<br>se Number  | Court or agency Name Address (Number, Street, City, State and ZIP Code)    | Natu       | ure of the case   | Status of the case |  |  |  |
| Par  | t 11: | Give Details About Your Business or C  | Connections to Any Business  |            |   |                    |  |  |  |
| 27.  | Witl  | nin 4 years before you filed for bankrupto   | cy, did you own a business or have an                                      | y of t     | he following connections to any                               | business?          |  |  |  |
|  |       | A sole proprietor or self-employed in  | a trade, profession, or other activity,                                    | eithe      | r full-time or part-time                                      |                    |  |  |  |
|  |       | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) |  |            |   |                    |  |  |  |
|  |       | ☐ A partner in a partnership   |  |            |   |                    |  |  |  |
|  |       | ☐ An officer, director, or managing exe  | ecutive of a corporation   |            |   |                    |  |  |  |
|  |       | An owner of at least 5% of the voting  | or equity securities of a corporation                                      |            |   |                    |  |  |  |
|  |       | No. None of the above applies. Go to P   | art 12.  |            |   |                    |  |  |  |
|  |       | Yes. Check all that apply above and fill   | in the details below for each business                                     | S.         |   |                    |  |  |  |
|  |       | siness Name<br>dress   | Describe the nature of the business  |            | Employer Identification number Do not include Social Security |                    |  |  |  |
|  | (Nu   | mber, Street, City, State and ZIP Code)  | Name of accountant or bookkeeper   |            | Dates business existed  |                    |  |  |  |
| 28.  |       | nin 2 years before you filed for bankrupto itutions, creditors, or other parties.      | cy, did you give a financial statement t                                   | to any     | yone about your business? Inclu                               | ide all financial  |  |  |  |
|  |       | No<br>Yes. Fill in the details below.  |  |            |   |                    |  |  |  |
|  |       | me<br>dress<br>mber, Street, City, State and ZIP Code)                                 | Date Issued  |            |   |                    |  |  |  |
|  |       |  |  |            |   |                    |  |  |  |

| Debtor 1 Robin C. McGrath-Carlson                           |  | Case number (if known)   |
|---|--|--|
| Part 12: Sign Below   |  |  |
|   | king a false statement, concealing pr    | nents, and I declare under penalty of perjury that the answers roperty, or obtaining money or property by fraud in connection up to 20 years, or both. |
| /s/ Robin C. McGrath-Carlson                                |  |  |
| Robin C. McGrath-Carlson<br>Signature of Debtor 1           | Signature of Debtor                      | 2  |
| Date June 14, 2017  | Date                                     |  |
| Did you attach additional pages to <i>Your S</i> ■ No □ Yes | tatement of Financial Affairs for Indiv  | viduals Filing for Bankruptcy (Official Form 107)?   |
| Did you pay or agree to pay someone who                     | o is not an attorney to help you fill ou | t bankruptcy forms?  |

☐ Yes. Name of Person \_\_\_\_\_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

# **United States Bankruptcy Court Eastern District of Michigan**

| In re  | Robin C. Mc                           | Grath-Car            | lson   |  |                 | Ca  | se No.                               |                                 |                        |                           |
|--------|---------------------------------------|----------------------|--|--|-----------------|---|--------------------------------------|---------------------------------|------------------------|---------------------------|
|        |                                       |                      |  | Del  | btor(s)         | Ch  | apter                                | 7                               |                        |                           |
|        |                                       |                      |  | MENT OF ATTOR  |                 |   |                                      |                                 |                        |                           |
|        | TT 1 :                                | 1                    |  | RSUANT TO F.R.I  | BANKR,P. 20     | <u>)16(b)</u>   |                                      |                                 |                        |                           |
|        | _                                     | -                    | t to F.R.Bankr.P. 201  |  |                 |   |                                      |                                 |                        |                           |
| 1.     | Č                                     |                      | orney for the Debtor(  |  |                 |   |                                      |                                 |                        |                           |
| 2.     | -                                     | -                    | agreed to be paid by   | the Debtor(s) to the                                   | e undersigned i | is: [Check one]   |                                      |                                 |                        |                           |
|        | · · · · · · · · · · · · · · · · · · · | T FEE                |  | 1.1.0.11   |                 |   |                                      |                                 |                        |                           |
|        |                                       |                      | es rendered in conter<br>e filing fee paid                         |  |                 |   |                                      | 800.00                          |                        |                           |
|        |                                       |                      | his statement, receive   |  |                 | -   |                                      | 800.00                          |                        |                           |
|        |                                       |                      | ance due and payable   |  |                 | _   |                                      | 0.00                            |                        |                           |
|        |                                       | AINER                | unce due una payable   | , 13   |                 |   |                                      | 0.00                            |                        |                           |
|        |                                       |                      | iner received  |  |                 |   |                                      |                                 |                        |                           |
|        |                                       |                      |  |  |                 | -   |                                      |                                 |                        |                           |
|        |                                       |                      | ed shall bill against th<br>ll Court approved fee                  |  |                 |   |                                      | ırly rate sc                    | chedule.] Do           | ebtor(s) have             |
| 3.     | \$ 335.00                             | of the filing        | g fee has been paid.   |  |                 |   |                                      |                                 |                        |                           |
| 4.     | In return for the that do not appl    |                      | sclosed fee, I have ag   | reed to render legal                                   | service for all | aspects of the b  | ankrupt                              | cy case, in                     | cluding: [C            | cross out any             |
|        |                                       | ysis of the cruptcy; | debtor's financial situ  | ation, and rendering                                   | g advice to the | debtor in deterr  | nining v                             | whether to                      | file a petition        | on in                     |
|        |                                       |                      | filing of any petition   |  |                 |   |                                      |                                 | win oo thawa           | o.f.                      |
|        |                                       |                      | of the debtor at the m   |  |                 |   |                                      |                                 | arings thereo          | )1;                       |
|        | E. Reaff                              | firmations;          |  | J F 8  |                 | r   |                                      | ,                               |                        |                           |
|        | F. Rede:                              | emptions;            |  |  |                 |   |                                      |                                 |                        |                           |
|        | Nego<br>reaff                         | otiations of         | with secured cred<br>agreements and a<br>r avoidance of lie        | pplications as ne                                      | eeded; prepa    | ue; exemption<br>aration and fil  | n planr<br>ing of                    | ning; prep<br>motions           | paration a<br>pursuant | nd filing of<br>to 11 USC |
| 5.     | Repr                                  | resentatio           | btor(s), the above-dis<br>on of the debtors i<br>y other adversary | n any dischargea                                       |                 |   |                                      | lances, r                       | elief from             | stay                      |
| б.     | The source of p A. XX B.              |                      |  | s from:<br>s, wages, compensat<br>cluding the identity |                 | es performed  |                                      |                                 |                        |                           |
| 7.     |                                       |                      | hared or agreed to sh<br>ation paid or to be pa                    |  |                 | than with member  | ers of th                            | e undersig                      | gned's law fi          | rm or                     |
| Dated: | June 14, 20                           | 017                  |  |  |                 | /s/ Sean L. Ca  |                                      |                                 |                        |                           |
|        |                                       |                      |  |  |                 | Attorney for the<br>Sean L. Camp<br>Sean L. Camp<br>4125 Okemos<br>Okemos, MI 4<br>517-853-9770 | bell (F<br>bell La<br>Rd., S<br>8864 | P-58304)<br>aw Office<br>ite 21 |                        |                           |
| Agreed | /s/ Robin C                           | . McGrath            | n-Carlson  |  |                 |   |                                      |                                 |                        |                           |
| -      | Robin C. M                            |                      |  |  | _               | D.L.  |                                      |                                 |                        | _                         |
|        | Debtor                                |                      |  |  |                 | Debtor  |                                      |                                 |                        |                           |

### Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy\_form s.html#procedure.

### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on Voluntary Petition for Individuals Filing for Bankruptcy (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together-called a joint case. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days before you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

# **United States Bankruptcy Court Eastern District of Michigan**

| In re  | Robin C. McGrath-Carlson             |   | Case No.         |                       |  |  |  |  |  |
|--------|--------------------------------------|---|------------------|-----------------------|--|--|--|--|--|
|        |                                      | Debtor(s)   | Chapter          | 7                     |  |  |  |  |  |
|        |                                      |   |                  |                       |  |  |  |  |  |
|        | VERI                                 | FICATION OF CREDITOR M                              | IATRIX           |                       |  |  |  |  |  |
| he abo | ove-named Debtor hereby verifies the | hat the attached list of creditors is true and corr | rect to the best | of his/her knowledge. |  |  |  |  |  |
| Date:  | June 14, 2017                        | /s/ Robin C. McGrath-Carlson                        |                  |                       |  |  |  |  |  |
|        |                                      | Robin C. McGrath-Carlson                            |                  |                       |  |  |  |  |  |

Signature of Debtor

BMW 5550 Britton Parkway Hilliard, OH 43026

Capital One POB 30281 Salt Lake City, UT 84130

Carsons POB 659813 San Antonio, TX 78265

CBCS PO Box 164089 Columbus, OH 43216

Discover PO Box 30416 Salt Lake City, UT 84130

Diversified Consultant POB 551268 Jacksonville, FL 32255

Gallery Place Partners 1400 Gallery Place Dr. Jackson, MI 49201

HSN POB 659707 San Antonio, TX 78265

IRS
Post Office Box 21125
Philadelphia, PA 19114

JP Recovery POB 16749 Rocky River, OH 44116

Kohls PO Box 2983 Milwaukee, WI 53201 LJ Ross 4 Universal Way Jackson, MI 49202

LJ Ross 4 Universal Way Jackson, MI 49202

M&M Credit 6324 Taylor Dr. Flint, MI 48507

State of Michigan 3024 W. Grand Blvd Detroit, MI 48202

U of M Health Services P.O. Box 2378 Ann Arbor, MI 48106

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